International Transactional Analysis Association

A Non-Profit Educational Corporation

TRANSACTIONAL ANALYSIS BULLETIN

REPRINT EDITION

VOLUME 1, NO. 1

TO

VOLUME 9, NO. 36

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A NON-PROFIT EDUCATIONAL CORPORATION

SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS
FOR THE STUDY OF TRANSACTIONAL ANALYSIS
AND SOCIAL DYNAMICS

TRANSACTIONAL ANALYSIS BULLETIN

Volume 1 - January 1962 - Number 1

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Published Quarterly by

THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

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The Seminars

The San Francisco Social Psychiatry Seminars function as an educational institute for peaple in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and educators. The teaching is primarly oriented toward group therapy and group work based on transactional analysis. Research in social dynamics is carried an as funds become available. Since there is no endowment, the Seminars, naw in their fifth year, have been almost entirely supported from tuitian fees. Contributions are always welcome.

The Seminars are apen to those with a degree in medicine ar the social sciences who are engaged in professional wark in those fields or are registered for advanced study at a recagnized university. In certain cases, well-recammended undergraduates are eligible to attend. Qualified peaple are always welcome ta visit the permanent clinical seminar (Caurse #202) which runs all year round, and can become Active Members, at the discretian of the Membership Cammittee, an completian af the Intraductory Caurse, or its equivalent as taught at a University Clinic ar other institutian where equivalent caurses are given.

Active members who leave the San Francisca area or far other reasons cannot cantinue regular attendance are invited to became Members At Large ($10 per year, or $5 per year for students). They will receive the Bulletin and retain their attendance and voting privileges.

Qualified individuals who wish to receive the Bulletin and have the privilege of attending the Seminars whenever they are in San Francisco may became Associate Members. ($5 per year (U.K. 30/-)).

The Seminars meet in mid-week at 1200 Washington Street, San Francisco. Correspondence regarding attendance should be addressed to the Secretary, San Francisco Sacial Psychiatry Seminars, 529 - 28th Street, San Francisco 14.

Those desiring mail membership (At Large or Associate) may fill in the coupon below.

The Bulletin

The Bulletin will be published quarterly to keep active members, members at large, associate members, former students, and other interested parties current with the organizational, personal, scientific, and educational activities of the Seminars. Subscriptions are solicited from institutians and libraries at $2 per year (U.K. 12/-). All funds received from associate memberships and subscriptians will be devoted to continuing and enlarging the Bulletin until it becames possible to publish selected short articles on transactional analysis and social dynamics. Subscriptions, enquiries, exchanges, and financial contributions should be addressed ta The Transactional Analysis Bulletin, P. O. Box 5747, Carmel, California.

Contributors

Personal and organizational notes, letters to the editar, brief accounts of clinical, scientific, or teaching activities, and short summaries of newly discavered transactional games or other original observations, should be addressed ta the Editor, Transactional Analysis Bulletin, at the abave address. Such contributions are encouraged as the best way far members in variaus parts of the country to keep in touch with each other.

Advertising

Rates for classified and display advertising will be submitted on request. The Bulletin reaches a select audience of prafessional people in the San Francisco Bay Area.

THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

Directors 1961 - 1962

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SCIENTIFIC PROCEEDINGS

Advanced Seminar - 202 — Fall Quarter

September 26. Eric Berne: "Canstructive Games."

These are hard to find, since games are by nature exploitative. Nevertheless, mony people are devoted to "constructive" sets of tronsactions which closely resemble games. Among these are: Busman's Holiday(helping while on vocation); Cavolier (poetic non-sexual gallantry); Happy to Help (ony time); Homely Sage; and They'll Be Glad They Knew Me ("good" version of I'll Show Them).

October 3. Robert Birnbaum: "A Project for Group Therapy with Chronic Relief Clients."

Because of the prevalence of I'm Only Trying to Help You in the agencies from which these relief clients were drawn, and some indications that the project staff would continue this game, the seminar decided that the prognosis for the project as planned was banol. Subsequently, Birnbaum decided not to ploy I'm Only Trying To Help You. 75% of his cases thereupon withdrew from the group; the remaining 25% manifested o solid interest in accomplishing something new rather than continuing the game as they had previously.

October 10. Eric Berne: "Terminatian af a Lang Term Graup."

A group of mothers of disturbed children ot a psychiotric outpatient clinic. Most of them had ottained Adult social control over the fomily games with corresponding improvement in the disturbed children. All the women now have active outside interests and are symptomatically improved.

October 17. Melvin Bayce: "Games Played in a Sacial Agency far the Mentally Retarded."

Difficulties are encountered by a stoff member who does not go along with the games played in a social agency. If more than one staff member withdraws from the game and treats the clients differently, the difficulties ore compounded.

October 24. Franklin Ernst: "A Graup af Prisaners at a Carrectional Facility."

Prisoners tend to play How Do You Get Out of Here and You've Got to Listen. Since the theropist is a member of the institutional apparatus, it is difficult for him to avoid becoming engaged and to devote himself solely to therapy.

October 31. Franklin Ernst: "Distinction af the Rales af Graup Apparatus and Activity (Therapy) Leader."

An attempt to avoid engogement os o member of the group apparatus of o correctional facility, in order to remain a therapist.

November 7. Ray Paindexter: "Haw Effective Can Yau Be Withaut Getting Fired?"

The first attempt to quantify the factors involved in games. In social agencies, as alreody established by Rosenfeld, the favored game is I'm Only Trying To Help You. Casuol clients (A) can be permissibly rehabilitated, but the chronic cose load (C) must not be seriously disturbed. If C + A folls below on empirical minimum (x), the staff becomes disturbed and the too eager worker is in jeopardy (J). This can be stated as "If $C + A < x$, then J occurs." (1)

Poindexter considered the relationship between "industrial supervisors" and psychiatrists at a state hospital. One discussant suggested a second equation. The favored game of "industrial supervisors" is SNAFU—"I'm short-handed again" (e.g., not enough potients in the kitchen to peel pototoes). If chronic patients (C) + temporary patients (A) rises above an empirical maximum (x), then the work gets done easily and SNAFU is threatened. The supervisors can no longer complain about being short-honded; they complain instead obout the quality of A the psychiatrists are ossigning to the kitchen, and the psychiatrist is in jeopardy. This may be stoted as: "If $C + A > x$, then J." (2) As o corollory, C must not be disturbed seriously, because then the work would not get done at all, os A are inexperienced. The answer to the psychiatrist's question is : "You will not get fired as long as C + A is less than x, providing you leove C constont."

The inconsistency between propositions (1) and (2) was resolved, yielding o general formula for all game-ridden organizations. *(More sometime.)*

November 14. Gardan Haiberg: "The Relatianship Between Therapy Graup and Therapeutic Cammunity an a Psychiatric Ward in a State Haspital."

The difficulties ore similar to those encountered with Ernst's prisoner groups: the theropist must cleorly distinguish his role os o member of the hospitol apparatus from his role as o theropist.

November 21 and 28: Kenneth Everts and Frances Matsan: "Setting Up Transactianal Analysis in a Graup in Private Practice."

Single transactions, one stimulus and one response, were analyzed from a tope-recording of o group meeting in private proctice. The therapist should be oble to anticipote the proboble effect of everything he says on eoch member of the group. The therapist should never say more than is necessory to produce a desired effect. On the other hand, he should never let on opportunity go by to produce a desirable effect. If he ottempts to analyse tronsactions which are not clear-cut, he may find himself defensively involved in gomes such os Corner, initiated by shrewd patients.

December 5: Jasephine Belmant: "A Graup af Patients an Leave fram Mental Haspitals."

Clorificotion of the therapeutic aims and the theropist's motivations, ond more active intervention and confrontation, con help to breok up the stereotyped choins of transoctions which are choracteristic of this kind of group. Pastimes such as "Ever Been" (to various places) woste valuable theropeutic time, while "If It Weren't For Them" and "Isn't It Awful?" played for mutual reossurance ond "support," retord and conceal the obility of such patients to re-estoblish themselves os going concerns.

December 12: (1) Harald Dent and Jaseph Galewski: "A Praject in Rehabilitatian."

Dent, a well-trained tronsactional analyst, outlined a plan for a therapy group in o rehabilitotion centre. No technicol difficulties were anticipoted within the group. After the clients were therapeutically prepared, however, their actual disposition lay in the hands of various agencies over which the theropist had no control. The complicated authority diogrom posed interesting organizotional problems. In order to ovoid becoming enmeshed in and distracted by these the theropist must maintain complete rotionality and ovoid playing "I'm Only Trying To Help You" with either the clients or the staff members of the agencies involved.

(2) Kenneth Everts and Frances Matsan: "A Therapy Graup in Private Practice." (Cantinued)

Analysis of single transactions. Previous attention wos devoted to transoctions in the mojor group process (patient-therapist). Now it was turned to transactions in the minor group process (potient-patient).

SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

For the Spring Term, 1962, the following introductory caurse will be offered.

101H. INTRODUCTORY SOCIAL DYNAMICS

A theoreticol introduction to group dynomics, structurol onolysis, ond transactionol onolysis. Wednesdoy evenings ot 8:30. Eight meetings, February 21 - April 12. Fee $40. Instructor: Dr. Berne.

This course will meet ot the office of Eric Berne, M.D., at 1200 Woshington Street, in Son Froncisca. The formol session losts from 8:30 to 10:15 P.M., and is followed by informal discussion for those who care to remoin. The course is bosed on Dr. Berne's text TRANSACTIONAL ANALYSIS IN PSYCHOTHERAPY (Grove Press, New Yark, 1961). A Certificote af Completion will be issued at the end of the course. For further informotion ar enrollment, write or coll Violo Litt, Secretory, 529 - 28th Street. Son Froncisco 14. Telephone MIssion 8-7046 or PRospect 6-1300.

ORGANIZATIONAL NEWS

Caurse 202, Applied Sociol Dynomics, will resume meetings on Tuesdoy, Jonuary 16, 1962, ot 8:30 p.m. at 1200 Woshington Street. Quolified visitors ore welcome.

First Annuol Meeting

After the seminar on October 9, the Secretary (Viola Litt) read a letter from the Bureau of Internal Revenue requesting a copy of our canstitution and by-laws, and a list of our officers and directors, as additional information to determine our non-profit status for taxation purposes. This request made it necessary to discontinue our informal type of organization as a simple corporatian. Our first Annual Meeting was held immediately, with Melvin Boyce as Parliamentarian, and the following officers were elected:

President & Director, Eric Berne, M.D.
Vice-President, Franklin Ernst, M.D.
Secretary-Treasurer, Viola Litt, B.A.
Directors, as noted on Page 2.

A Committee was appointed to review the situation of the Constitution and By-Laws, and with due notice, the revised Constitution and By-Laws were adopted after the seminar of November 7, 1961.

Inception of the Bulletin

Not long afterward, we were fortunate enough to receive the generous donation which makes the publication of this Bulletin possible for the year 1962. Its continuance and enlargement, however, will depend on membership fees, subscriptions, and other donations. We therefore hope that all our former members, students, and visiting well-wishers will become Members At Large or Associate Members.

Many of you will remember that we have in our files a good number of papers worth publishing when we can afford it.

101G

The seventh presentotion of the Course in Introductory Social Dynamics ran for eight weeks, from October 11 to November 29, 1961. Fifteen people came to the first meeting, and fourteen enrolled for the course. There were several visitors, notably Mr. Robert M. Horrison of the State Department of Corrections, who is interested in improving the training of correctional workers. Dr. Howard Fradkin attended with a view to teoching transactional analysis to his social work students at San Francisco State College as something they can begin to use in practice quickly and effectively. We were also pleased to have two visitors from Buenos Aires taking the course, Celio Germani, o child psychologist, and Elsa Schamis, o sociology student. Dr. George Boch, of Los Angeles, was instrumental in having them come. Mrs. Germani is now interested in introducing transactional analysis in Argentina.

The roster also included staff members from Letterman General Hospital, Oakland Naval Hospital, Stockton State Hospital, University of California Hospital, San Francisco State College, San Francisco Children's Hospital, Contra Costa and Alameda County Probation Departments, and Mount Diablo Therapy Centre.

Teoching Activities in 1961

These included three six week courses at Langley-Porter Neuropsychiatric Institute and two at Stanford Hospital Psychiatric Clinic; two-day workshops for the Bureau of Social Work at the Department of Mental Health in Sacramento, at Soledad Correctional Facility, at Hawaii State Hospital, and at Mendocino State Hospital; one-day workshops at Stockton State Hospital, the California Institution for Women at Corona, and the California Institution for Men at Chino; and lectures at Alameda County Hospital, the U.S. Naval Hospital at Oakland, and the Centre for Training in Community Psychiatry at Berkeley. In the last case, interestingly enough, the lecturer saved time and strain by travelling from San Francisco to Berkeley by helicopter.

Dr. Franklin Ernst continues regular teaching at the California Medical Facility at Vacaville, and at Mendocino, DeWitt, and Stockton State Hospitals. Dr. David Kupfer lectured at the Waimano Training School and Hospital in Hawaii. For several months Dr. Herbert Fowler, of the Department of Psychiatry at the University of Utah Medical School, commuted monthly to San Francisco and attended the advanced seminar #202.

The staff of Stockton State Hospital has been particularly responsive to transactional analysis, and nine of their members came to San Francisco weekly in car pools to attend the Introductory Course last summer.

Personals

Barbara Rosenfeld is now enjoying her first year in medical school at Women's Medical College in Philadelphia, and Claude Steiner is studying for his Ph.D at Ann Arbor. Both of them were unanimously elected Directors-At-Large at our Annual Meeting.

Bill Collins, formerly of Vacaville, later at Soledad, has been recalled to active duty with the Naval Air Station at Alameda.

Margaret Frings is studying for her Ph.D at the University of Chicago.

George

(Our sponsored orphan in Crete)

George has not been doing well in arithmetic lately. He and his mother had two goats, but had to kill one of them for food at Easter.

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VOLUME 1 APRIL, 1962 NUMBER 2

Page

SCIENTIFIC PROCEEDINGS

WINTER QUARTER, 1962 - - - - - 7

SOCIAL DYNAMICS

ON "STROKING" - - - - - - - 9
D. Kupfer

CLINICAL NOTES

E. Berne

"IN TREATMENT" - - - - - - - 10

TEACHING GROUP THERAPY - - - - - 11

THE OBESITY "PROBLEM" - - - - - 11

THEORY

INSTITUTIONAL GAMES - - - - - - 12
E. Berne, R. Birnbaum, R. Poindexter, B. Rosenfeld

AN ILLUSTRATIVE SITUATION - - - - 13

RESEARCH

LATE BULLETIN - - - - - - - 13

ORGANIZATIONAL NEWS - - - - - - 14

EDUCATIONAL ACTIVITIES - - - - - - 15

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At Large

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Barbara Rosenfeld, M.S.W., Philadelphia

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SCIENTIFIC PROCEEDINGS

WINTER QUARTER — ADVANCED SEMINAR - 202 — JANUARY - MARCH 1962

January 16. Eric Berne: (1) A New Game: "You'll Have To Take Me as I Am."

This is most dramatically played by beatnik adolescents. If they are "accepted" as they are, how much more will they be accepted when the respondent sees the hidden sterling qualities. If they are not "accepted" it is only what they expected and they can retire to autistic self-indulgence. The external social advantage is the related pastime "They'll Have to Take Us as We Are." Another suggested name (Litt) is "Who Needs You?" and the corresponding pastime "Who Needs Them?"

(2) The Crisis in Family Therapy.

As Szurek first emphasized, when the child improves, the neurotic needs of the parents are frustrated. If the parents in family therapy see that the therapist means business, there is a strong tendency to withdraw. In the case cited the parents withdrew but let the child continue treatment. When the student abandoned the family game in favor of authenticity, and came home with the "A" grades which the parents demanded of the therapy, they transferred the child to another therapist without notice.

(3) Pseudo-Intimacy.

Talking about love interferes with the act of loving. One cannot truthfully say "I love you," but only "I was loving you," or possibly "I am loving you."

January 23, February 13, and March 20. Kenneth Everts: "A Therapy Group in Private Practice." (Continued from TAB Vol. 1, No. 1).

Spouses in the group combined "See What You Made Me Do" (grammatically, a second person game) with "Court-Room" (grammatically, a third person game). When the therapist inadvertently used the word "but" in his analysis, both spouses turned on him. He retreated by using polysyllables, "non-Child" words, which played into their hands, and the analysis had to be abandoned for the time being.

In an aggressor-victim game like Court-Room, it is usually better to be curious about the "victim's" reactions than the "aggressor's" motives. Otherwise the aggressor feels accused and the victim feels "supported," both of which impede analysis of the game. If an attempt at game analysis does not succeed immediately, the therapist should desist for the time being, as it is probable that he is being drawn into the game and that his interpretations will be exploited rather than heard.

In an aggressor-victim game where the wife as Persecutor attacked the husband as Alcoholic, they both co-operated in frustrating the therapist's attempt to break up the game. If the husband allows the wife to stop attacking him, he will be deprived of his excuse for slyly attacking her later on in the meeting, after his customary "latent period" of 10 - 15 minutes.

January 30, February 20, March 13. Franklin Ernst: "A Therapy Group in Private Practice."

Mr. T involved the other members in "Ain't It Awful" by exhibiting a fractured arm in a cast. He responded to their stroking with: "Now I'll have to break my other arm, ha ha." Mr. T is "accident-prone" and "fight-prone." A few weeks

later, when his arm was better, he intervened between two men who were fighting in a bar and got beaten up. He returned to the group with bruises and tried to start "Ain't It Awful" again. The other members refused to play and he became so acutely anxious that the therapist played in order to avert a panic.

One day Mr. T asked solicitously: "How are you, doc?" As in a veil dance, he revealed more and more clearly as the session progressed that this "really" meant: "When are you going to drop dead?" His final statement was: "A doctor told my grandfather he would soon be dead, but he outlived the doctor, ha ha."

Mr. J plays a hard game of "Veteran," justifying his position as a pensioner by living in the wartime past of twenty years ago. The therapist points out that the project of justifying his position has prevented Mr. J from experiencing anything that has happened since the war. The patient is in a difficult position, since if he stops playing "Veteran" he may lose his pension. His Parent gives him permission to take a pension and his Child gladly accepts it. To solve the dilemma, his Adult must be set up to intervene.

February 6. (1) Mardi Horowitz: "A Group in a Rut."

A group had functioned as a training ground for a succession of psychiatric residents for almost 15 years with no significant change. At the social level it was a pastime club favoring "Ain't It Awful," "If It Weren't for Them," and "Look How Hard I'm Trying." Psychologically the members became experts at frustrating ambitious young psychiatrists who uniformly played "I'm Only Trying to Help You." There was no therapeutic contract, and the members conceived of themselves as "training young therapists." The group was re-organized and one intransigeant member was "fired." The others were resentful and said: "How can you do that to him after all he's done for the clinic?"

(2) Robert Birnbaum: "A Group of Chronic Relief Clients." (Continued from TAB Vol.1, No. 1).

Birnbaum reviewed the despair of these chronic "clients" when he refused to play "I'm Only Trying to Help You." At first they did not believe him; when he convinced them, some withdrew. They were most upset when he said that attendance was not compulsory. Birnbaum concludes after four months of observation and thinking that their lack of progress through years of "clienthood" was due to commissions, not omissions, on the part of their workers. Agencies tend to regard clients as "material to be changed" and play "I'm Only Trying to Help You." If this game is broken up, the clients behave differently.

February 27. Eric Berne: (1) "A Group in Private Practice."

A young woman who played a hard game of "You'll Have To Take Me as I Am" responded to esthetic appeals from the therapist which fitted in with her own philosophy. She began to dress well and enjoyed the new kind of attention she provoked from men ("First Degree Rapo"). Her husband, a sensitive sulk who played the same game, became sulkier, and claimed he was in a "homosexual bind." When the group pointed out he was only binding himself, he abandoned that position and sulked without attempting rationalization. The wife changed her childhood decision to be "not OK" and with it her script, and is now "OK." The fate of the marriage depends on whether her husband can do the same.

(2) Adolescent Games.

A young patient pointed out the similarity between "Let's Make Mother Feel Sorry" and "Late Paper." By consistently turning in her themes after the deadline, the pupil finally provokes an outburst from the teacher. By shrewd timing and stage-setting, she contrives to make the teacher feel sorry for his outburst, so that he "pulls himself together" and ends by apologizing.

March 6. Paul McCormick: "A Probation Interview."

McCormick described a skilfully-conducted interview with a vandalistic burglar from a broken home. The probationer favors "Let's You and Him Fight" and is planning a new campaign involving two people who have befriended him. McCormick steadfastly refuses to be distracted from the analysis of this game until the probationer retreats to an oral level and asks for something to eat. M then desists and sympathizes with the patient about his deprived childhood. When the patient recovers, M pushes the analysis again, but more gently, leaving the probationer soothed and thoughtful at the end of the interview.

March 27. David Kupfer: "A Transactional Analysis Group."

Kupfer, an able and committed transactional analyst, presented a group which is almost completely free of rituals, pastimes, and game stereotypes, and concentrates with maximum efficiency on analysing the intra-group transactions: a "pure" transactional analysis group. One member said he felt slightly depressed and frankly asked for (symbolic) stroking. The newest member went through a dramatic struggle trying to avoid the implied intimacy. A homosexual interpretation was deliberately avoided as inappropriate at this stage, in accordance with the transactional principal "Get better first and analyse your conflicts later." Transactional analysis was vigorously initiated in this group from the very first meeting. The gross attendance during the first four months has been 98%, the highest ever reported at the Seminars, and in another group 100% over a period of 5 months. In contrast, when he formerly used an institutionalized "psychoanalytic" approach, his gross attendance ran about 65%.

SOCIAL DYNAMICS

ON "STROKING"

(D. Kupfer)

In transactional analysis, verbal "stroking" (recognition) is regarded as a substitute for the physical caressing necessary to preserve the physical health of an infant, as demonstrated by Spitz (*1). The colloquialism is: "If you are not stroked, your spinal cord will shrivel up." There is some evidence that the value of a simple "stroke" can vary with circumstances. If we assign a value of 5 to the simplest stroke, "Hello," then "Hello, Joe," may have a value of 10. But "Hello, Joe," coming from a "celebrity" may have a value of 100.

It has been pointed out that in general, stroking is based on a "reciprocal trade agreement" whereby strokes given are expected to be compensated by strokes received. In the relationship between a parent and a child, e.g., a father and daughter, the situation is complicated. Internal Parental rules forbid the father from "using" the daughter as a source of stroking. It is his "duty and responsibility" to supply "unselfish" strokes as part of her upbringing. Here a cumulative process operates. The daughter gets instalments of 5 or 10 point strokes for a while; then when she hugs her father and says "I love you," he gets his accumulated compensation in one lump sum.

The total "stroke points" in a transaction determine the intensity of the physical reaction. An ordinary "Hello" from a person who is transactionally relatively unimportant may produce only a minimal or even subliminal physiological gratification, while more intensive "stroking" from a more important person produces a correspondingly stronger state of "feeling good," as with the father whose baby daughter hugs him and gives him a "lump sum" stroke.

The non-return of a "Hello" stroke produces either a projective "What's wrong with him?" or an introjective "What's wrong with me?" reaction.

(*1) Spitz, R. "Hospitalism." Psychoanalytic Study of the Child 1: 53-74, 1945.

CLINICAL NOTES

(E. Berne)

"IN TREATMENT"

There comes a time in the course of psychotherapy when the patient's attitude changes so that the therapist feels he is now "really" in treatment. From one point of view it may be said, in the language of Starrels (*1), that the patient has made a commitment to therapy. It is evidently of some importance to try to understand the dynamics of this change. One interesting phenomenon is that a patient who has previously been in thearpy with another therapist will make his commitment to a new therapist more quickly than a fresh patient. The preliminary process also has a different quality. The fresh patient seems to be assessing both the therapeutic approach and the therapist himself. The referred patient may take the approach for granted and has only, it appears, to assess the new therapist. He is already committed to the external structure of the therapeutic hour: the rigid schedule, the therapist's taciturnity, and the couch, for example. These and other observations made through the years come together in the following preliminary statement(*2) of the structural analysis of the state of being "in treatment."

A patient is in treatment when his Child accepts the Adult of the therapist as a substitute for his own Parent. His Child abdicates his previous adaptations, in effect divorcing his Parent, and re-adapts himself to the therapist as perceived. In this phase he first perceives the therapist as a new, usually more permissive Parent, but one who can offer him the same magical protection as his own inner Parent, and that is the condition for the divorce. At this point he is "in therapy," which means operationally that he will play it the therapist's way (up to a point) rather than using the adaptations he learned as a child in relation to his actual parents. This permits him to talk more freely, for example: what is vulgarly known as "opening up." At this point he is already to a certain extent "better," and the improvement corresponds in a general way to the psychoanalytic "transference improvement."

"Real" improvement comes about when the patient's Child perceives that what he mistook in the therapist for a Parent is really an Adult, an objective data-processer. When he discovers that he himself has an independent data-processing capacity which he never learned to use properly, he begins to exercise it. At a certain point the patient's Child concedes that the therapist is no longer necessary, since the patient has his own built in Adult, and can now do for himself what the therapist has been doing.

Thus treatment proceeds in three stages for the patient:

(1) Child assesses therapist as potential Parent; this is an unstable phase; (2) Child divorces Parent, accepts therapist's Adult as substitute; this is commitment to therapy, and patient is "in treatment;" (3) Child accepts own Adult as substitute for therapist's Adult, formerly misperceived as a Parent; this is dynamic change. This whole process of therapy can then be summarized as follows: using the therapist as an intermediary, the patient's Child shifts his allegiance from his inner Parent to his own Adult. For a large percentage of cases, this is a sufficient therapeutic goal in itself. If desirable and practical, further psychoanalytic deconfusion of the Child can be advantageously undertaken under these improved dynamic conditions.

(*1) Starrels, R. J. Am. J. Psychother. XIV: 719-727, 1960.

(*2) The decisive material for this outline was presented by D. Kupfer.

TEACHING GROUP THERAPY

An interesting and instructive way of teaching group therapy has been followed for some months at the advanced Seminar. Single transactions, one single stimulus and one ensueing response, are played from a tape-recording of a therapy session. The members of the Seminar then make whatever predictions and deductions they can about the agent and the respondent: e.g., what game is being initiated and what the outcome is likely to be, what the parents of those involved said to them when they were children, and what vicissitudes they have undergone since. Then the next transaction is played and similarly discussed. Properly conducted, this is not a guessing game, but has three salutary effects. (1) It eliminates the rambling, hobby-riding and speculation which usually follows the presentation of a group meeting in its entirety. (2) It sharpens the clinical perception of the participants, since the presenting therapist or the recording can immediately verify or correct their conclusions in detail. Thus idle speculation is discouraged, and clinical relevancy is encouraged. (3) It impresses on the participants the possibility and desirability of planning ahead for therapeutic technique on the basis of predictive and deductive probability.

THE OBESITY "PROBLEM"

The suspected parallelism between the game of Alcoholic and the game of Obesity is receiving clinical support. Mrs. O was observed in a marital group to play Court-Room, Absolute Type. Her accusations against her husband were full of absolutes: "You **always** do that;" "**Every time** I say that, you say this." In spite of her attempts to exert social control after this was mentioned, she was unable to desist, and the absolutes continued to appear, evidently due to the persistence of an archaic Parent.

At her next individual interview, she remarked: "Last week I was doing pretty well, but now I am continually eating." The therapist attacked the intransigeant Parent by correcting her: "Intermittently eating." She replied: "Yes, but my mother said 'You're always eating!'" Her mother's statement was a complex one, containing: (1) an error of fact (obviously, she only ate intermittently) and (2) a "not-OK" implication; in short, it was a classical Parental type of statement. She carried this inaccurate, critical Parental Persecutor inside her so that she was continually "beating on herself." This was the same Parent who beat on her husband, as demonstrated in the group, and on her children as she had also made clear. In her childhood, sweets were particularly forbidden and sinful; but her father often brought her chocolate when he came home from work, in this respect functioning like the Patsy in Alchoholic. Obese patients often go from one unsuccessful Rescuer to another, just as the Alcoholic does, and there is even a kind of "Obesity Anonymous" organization in many cities.

Hence "Obesity," like "Alcoholic," is a four-handed game when played in full flower, with the one who is It, a Persecutor, a Patsy, and a Rescuer. The differences (at least in the case cited) are (1) the "hangover" contains more shame than remorse (2) the Persecutor is ipsisexual rather than contrasexual, and is internal rather than external. The Patsy and the Rescuer show the same characteristics in both games.

At the deepest level, Mrs. O's mother was correct: Mrs. O was **always** eating (cannibalistic fantasies), just as the Alcoholic is "always" drinking. But this level is inaccessible in the ordinary course of therapy. The transactional approach, focussing on the payoff of the game in both cases (the "hangover") offers special leverage which has already proven effective in several instances.

THEORY

INSTITUTIONAL GAMES

(E. Berne, R. Birnbaum, R. Poindexter, B. Rosenfeld)

The proceedings in the past quarter were concerned to a considerable extent with institutional games. In our last issue, under the heading "How Effective Can You Be Without Getting Fired ?" we mentioned the Rosenfeld relation for social agencies. The chronic case load (C) must not be seriously disturbed, but casual clients (A) can be permissibly rehabilitated. If C plus A falls below an empirical minimum (x), the staff becomes disturbed and the too eager worker is in jeopardy (J). This can be stated "If C plus A is less than x, then J occurs." (1) This equation quantifies the agency game of "I'm Only Trying to Help You - But People Are So Ungrateful" (ITHY). The corresponding equation in industry refers to the game of SNAFU ("I'm short handed again"), played by supervisors. If permanent workers (C) plus temporary workers (A) rises above an empirical maximum (y), the work gets done easily and SNAFU is threatened; the supervisors then turn on the executive who is too efficient at staffing. They can no longer complain about being short-handed and complain instead about the quality of A they are getting, and the executive is in jeopardy. This may be stated as "If C plus A is greater than y, then J." (2) This is the Poindexter relation. C must not be disturbed seriously, because then the work would not get done at all, as A are inexperienced.

The general problem is how to resolve the inconsistency between (1) and (2). Why is x in ITHY a minimum and y in SNAFU a maximum ? Because in a social agency the staff are machines programmed to play ITHY, and the clients (C plus A) are material for these machines to work on. In industry the workers (C plus A) are machines and not material (Berne). If this is understood clearly: the difference between the material of the group activity and the machines which work on the material, then the inconsistency disappears. In the social agency, the clients are material to be changed, and in the industrial plant (or hospital kitchen) the metals or potatoes are material to be changed.

If we now revise proposition (1), and instead of saying that there are too few clients left, we say that there are too many workers (W) left, it reads "If W is greater than x, then J occurs." And if we substitute (W) for C plus A (workers) in proposition (2), it reads the same way: "If W is greater than y, then J occurs." The two equations now read the same, and the inconsistency no longer appears. It is apparent that (1) and (2) can be generalized for all game-ridden organizations, and is intimately connected with problems of automation, featherbedding, and other labor controversies. The generalized form is: If (f1) (machines) exceeds x, or x exceeds (f2) (material), then J occurs. This is the Birnbaum relation, in which x represents an index specific for each organization. f1 applies in SNAFU and f2 in ITHY, in deciding how efficient the executive or social worker can be without getting fired.

This is the first attempt to quantify games, and opens up many interesting prospects for transactional analysis and its relationship to other disciplines. The question "How efficient can I be without getting fired ?" exemplifies the firmly enquiring state of mind which the Seminars call colloquially "the Martian attitude." ("I'm a man from Mars, and all I know is what I see happening"). The question undercuts certain institutionalized sentiments in a way which may

be disconcerting to some people, but is familiar to labor unions, humorists, and economists. The fact is that ulterior motivations which many people prefer to leave unexamined determine what happens to many organizations in the long run. This can be further illustrated by using a theoretical model which may be called, in honor of its originator, a "Poindexter organization."

In a game-free organization, promotions and firings are ideally based on a simple effectiveness index for each worker, without ulterior motives. In a Poindexter organization, one which is engaged in playing ITHY, SNAFU, or other organizational game, ulterior motives over-ride the simple considerations. At the overt or social level, such an organization is interested in disposing of as many "cases" as possible with maximum dispatch as economically as possible. It may also set up an apparatus with the stated object of diminishing the incidence of new "cases." At this level, therefore, the aims of the organization are stated as effectiveness, dispatch, economy, and prevention. At the ulterior or psychological level, however, the aims may be rather different: modest goals (10% instead of 100% effectiveness), no unseemly haste, formal economy with some informal unobtrusive luxury, and a decent humility about prevention. The financial profit (on a cost plus basis) or the budget of the organization may depend on the cost of each "case" and the total load. Hence both financial and game considerations favor the ulterior level.

A staff member who is too efficient in carrying out the overt goals poses a double threat to the organization: financial and psychological. His fate depends on the labor policy of the organization. In an "honest Poindexter organization," an employee who is procedurally efficient but must be got rid of for ulterior reasons is kicked upstairs rather than down; his question is "How efficient can I be without getting promoted ?" In a "dishonest Poindexter organization," an efficient employee is kicked downstairs instead of up; his question is "How efficient can I be without getting fired ?"

AN ILLUSTRATIVE SITUATION

"Getting Rid of the Jazz"

A patient's daughter contracted leukemia, and was given six months to live. When he told this to people, they said they were sorry and asked if there was anything they could do to help. At the end of six months, the little girl died.

This situation raises two transactional questions:

(1) State what you would say to a man who told you his daughter had six months to live. Why would you say it ?

(2) If your daughter had six months to live, would you tell people ? Why ?

RESEARCH

LATE BULLETIN

Preliminary results of the first experimental project on transactional analysis undertaken by an outside research organization are now available. Pending publication elsewhere, only the conclusion will be given here: people in a reportedly Adult ego state have a statistically significant advantage over people in a reportedly Parent or Child ego state in solving an intellectual problem. The experimenters seemed enthusiastic over the simplicity of the approach, and are planning extensions and variations of this pilot study. Their report will be abstracted in the Bulletin as soon as it appears.

ORGANIZATIONAL NEWS

The Bulletin

The membership and subscription response to the first issue of the Bulletin was quite satisfactory, and enables us to publish more text in more journal-like format. We are pleased to have some more Easterners on our roster.

Meetings

The Fifth Annual Scientific Conference of the Golden Gate Group Psychotherapy Society will be held at U. C. Medical Centre, San Francisco, on Saturday, June 9, 1962. It will include an all-day workshop on Transactional Analysis, and two transactional papers: a clinical note by David Kupfer on children raised by structural analysis, and a paper by Eric Berne, "Group Therapy as a Social Institution."

BIBLIOGRAPHY

There have been numerous requests from various parts of the country for a bibliography on Transactional Analysis. The literature is very limited, consisting at this date of only five papers and one book, together with this Bulletin.

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Schapps, M. "Reaching Out to the Mentally Retarded." **Casework Papers from National Conference on Social Welfare Annual Forum.** Family Service Association, New York, 1959. (Use of transactional analysis in group therapy to prepare adult retardates for employment outside the sheltered workshop).

Starrels, R. J. "Alcoholism and the Commitment to Therapy." **American Journal of Psychotherapy,** XIV: 719 - 727, 1960. (Apparent success of structural analysis invalidated by patient's lack of commitment to therapy).

Transactional Analysis Bulletin, Volume 1, Numbers 1 and 2.

PUBLICATIONS IN PRESS

Eric Berne signed a contract in February with Lippincott for the publication of his book on group dynamics, to be entitled **The Therapy of Ailing Groups, or The Psychodynamics of Organizations and Groups.**

PERSONALS

Colleen Campbell is now with the Jewish Vocational Service in Chicago.

Barbara Rosenfeld is now undergoing intensive self-analysis - analysing her body fluids in Biochemistry 1 at Women's Medical College in Philadelphia.

Viola Litt is now on the staff of the Frederick Finch Children's Home in Oakland, California.

George
(Our sponsored orphan in Crete)

George is doing better in arithmetic. His other goat died, but he now has two chickens and a cockerel. When his mother gives him money he runs to get school books, never sweets. Every morning when he leaves for school he kisses her hand.

EDUCATIONAL ACTIVITIES

Course 202, Applied Social Dynamics, will continue to meet every Tuesday evening at 8:30 p.m. until late summer at the office of Eric Berne, M.D., 1200 Washington Street in San Francisco. Qualified visitors are welcome. It is suggested that they check in advance by telephone, PRospect 6-4256, and they are requested not to arrive before 8:20 p.m.

The proceedings for the past quarter are abstracted in this issue of the Bulletin. During the Spring Quarter, it is anticipated that therapy groups from private practice and from various Bay Area clinics, hospitals, and institutions will be presented for transactional and game analysis, interspersed with special lectures and didactic-clinical discussions.

101J

The next Introductory Course will be presented in September, 1962, and will be announced in the next issue of the Bulletin, together with resumption of the former practice of sending out special "Please Post" notices.

101H

The eighth presentation of the Course in Introductory Social Dynamics ran for eight weeks, from February 21 to April 12, 1962. The enrolment included members of the nursing staffs of Stanford-Palo Alto Hospital and the Oakland Naval Hospital, together with representatives from Fairmont Hospital, Oakland Alcoholic Treatment Centre, and Alameda Welfare Department.

EXTRAMURAL TEACHING

During the past quarter the teaching of "Transactional Analysis in Group Therapy" at Stanford-Palo Alto Psychiatric Clinic was put on a more systematic basis, with a seven week didactic-clinical course for second year residents, and a similar supervisory course for third year residents. The second series of these courses is planned for May. The six week didactic course was repeated again at Langley-Porter Clinic.

Dr. Franklin Ernst continues regular teaching at the California Medical Facility at Vacaville, and at Mendocino, DeWitt, and Stockton State Hospitals.

Mrs. Iva Blanks has started a course in transactional analysis for group workers at the California Institution for Women at Corona, with seventeen enrolees.

Paul McCormick has been lecturing to the Alameda County Probation Department.

Dr. Robert Goulding, of the V.A. Hospital in Roseburg, Oregon, is giving a continuing course in transactional analysis to the Hospital Staff.

At a workshop on Family Therapy at the Third Annual Meeting of the Los Angeles Group Psychotherapy Society, the Director of the SFSPS was very courteously encouraged by the other two panel members, Dr. James Jackson and Dr. Richard Parlour, to spend most of the day discussing the application of transactional analysis to family therapy. This courtesy was much appreciated, and the audience seemed receptive, as Los Angeles audiences usually are. Dr. Jackson and Dr. Parlour are now both out of town members of our Seminars and subscribers to the Bulletin.

The Seminars

The San Francisco Social Psychiatry Seminars function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and educators. The teaching is primarily oriented toward group therapy and group work based on transactional analysis. Research in social dynamics is carried on as funds become available. Since there is no endowment, the Seminars, now in their fifth year, have been almost entirely supported from tuition fees. Contributions are always welcome.

The Seminars are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. In certain cases, well-recommended undergraduates are eligible to attend. Qualified people are always welcome to visit the permanent clinical seminar (Course No. 202) which runs all year round, and can become Active Members, if otherwise eligible, on completion of the Introductory Course or its equivalent.

Active members who leave the San Francisco area or for other reasons cannot continue regular attendance are invited to become Members At Large ($10 per year, or $5 per year for students). They will receive the Bulletin and retain their attendance and voting privileges.

Qualified individuals who wish to receive the Bulletin and have the privilege of attending the Seminars whenever they are in San Francisco may become Associate Members ($5 per year). Subscriptions to the Bulletin are available to institutions and libraries at $3 per year.

The Seminars meet in mid-week at 1200 Washington Street, San Francisco. Correspondence regarding attendance should be addressed to the Secretary, San Francisco Social Psychiatry Seminars, 529 - 28th Street, San Francisco 14. Those desiring mail membership (At Large or Associate) may fill in the coupon below.

Send to: T. A. Bulletin, P. O. Box 5747, Carmel, California

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SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS
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A NON-PROFIT EDUCATIONAL CORPORATION

TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 1 JULY, 1962 NUMBER 3

Page

SCIENTIFIC PROCEEDINGS
SPRING QUARTER, 1962 - - - - - - - 19

CLINICAL NOTES
TREATMENT OF AN AMBULATORY PARANOID - 21
J. P. Concannon

SOCIAL DYNAMICS
PAYROLL CHECKS & MENTAL ILLNESS - - - 22
W. R. Poindexter

THEORY
CLASSIFICATION OF POSITIONS - - - - 23
E. Berne
A LIVING PROBLEM - - - - - - - - 23

RESEARCH
TERMINOLOGY - - - - - - - - - - 24
ADOLESCENT GAMES - - - - - - - - 24
J. Olson

NEWS FROM LOS ANGELES
FAMILY "INTIMACY" - - - - - - - - 25

OBITUARY
G. H. CROOK - - - - - - - - - - 25

ORGANIZATIONAL NEWS - - - - - - - 26

EDUCATIONAL ACTIVITIES - - - - - - - 27

TRANSACTIONAL ANALYSIS BULLETIN

Published Quarterly by

THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

A NON-PROFIT EDUCATIONAL CORPORATION

VOLUME 1 JULY 1962 NUMBER 3

The Transactional Analysis Bulletin will be published quarterly to keep active members, members at large, associate members, former students, and other interested parties current with the scientific, educational, organizational and personal activities of the San Francisco Social Psychiatry Seminars. Subscriptions are solicited from institutions and libraries at $3 per year (U.K. 18/-). All funds received from associate memberships and subscriptions will be devoted to continuing and enlarging the Bulletin until it becomes possible to publish selected short articles on transactional analysis and social dynamics. Subscriptions, enquiries, exchanges, and financial contributions should be addressed to The Transactional Analysis Bulletin, P. O. Box 5747, Carmel, California.

Contributors

Short summaries of newly discovered transactional games or other original observations, brief accounts of clinical, scientific, or teaching activities, letters to the editor, or personal and organizational notes should be addressed to the Editor, Transactional Analysis Bulletin, at the above address. Such contributions are encouraged as the best way for members in various parts of the country to keep in touch with each other.

Advertising

Rates for classified and display advertising will be submitted on request. The Bulletin reaches a select audience of professional people in the San Francisco Bay Area and other parts of the country.

Editorial and Circulation Assistant, Mary N. Williams

THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

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SCIENTIFIC PROCEEDINGS

SPRING QUARTER — ADVANCED SEMINAR - 202 - APRIL — JUNE 1962

Presentations which are of a specialized or advanced nature are briefly abstracted. Those which relate to matters of wider interest are abstracted in more detail as separate articles in this issue. The abstracts and articles are written for professional readers who are assumed to be familiar with the basic principals and terminology of transactional analysis.

April 3. **Joseph Concannon: "An Aggressive Ambulatory Paranoid Treated with Structural and Transactional Analysis."**
See page 21.

April 10. **Arthur Burton: "Existential Analysis."**

Existential analysis is difficult to formulate verbally. Words of interest to transactional analysts (encounter, love, commitment, relationship, intimacy, anxiety, decision, insight, therapy) are apprehended intuitively rather than operationally. Almost everything B said, however, was later translated operationally by the audience in transactional terms. Existential analysts are struggling to free themselves from a web of psychoanalytic concepts. Transactional analysts have laid these aside from the beginning, so that they never hamper but are always nearby so that they are available when needed.

April 17. **W. R. Poindexter: "Payroll Checks and Mental Illness."**
See page 22.

April 24. **Jacqui Olson: "Adolescent Games."**
See page 24.

May 1. **Josephine Belmont: "A Group of Patients on Leave from Mental Hospitals."** (Continued from December 5, 1961. See TAB No.1).

B demonstrated how such a group can be swung from stereotyped pastimes to game analysis by concentrating on the transactions rather than the content: "What do you expect us to say after you tell us that?" She successfully broke up a game of "Ain't It Awful" by structural and transactional analysis, after which the patient switched to "Corner," which requires much more shrewdness and tenacity, and to that extent marks progress. There are two empirical signs which indicate to the therapist that she is involved in a patient's game, even if she cannot diagnose the nature of the game. (1) If she gives more than ten consecutive responses to the same patient. (2) If she brushes off more than two interruptions from other patients. If either or both of these signs occur, the therapist should immediately withdraw and turn her attention elswhere until she has clarified the situation in her mind. The initial assumption should be that she was being Parental when she thought she was being Adult. A quick survey of her vocabulary for words of more than two syllables is the easiest way to settle this.

May 8. **Franklin Ernst: "A Therapy Group in Private Practice."** (See TAB No. 2).

The members must be systematically corralled into concentrating on the transactions taking place within the group rather than wandering afield as the spirit moves them. The therapist's problem is how to speed up this process, and from experience he learns to use specific operations at appropriate times.

May 15. Gene Sagan: "Gestalt Therapy." (Tape Recording)

Gestalt Therapy deals with the "closure" of unfinished emotions, behavior which needs to be completed before the individual can go on to other things. S's patient had had other types of treatment, but this was her first Gestalt Therapy interview. S quickly and smoothly brought her into a highly emotional state in which she was beating violently on a pillow to express her angry feelings toward her mother, which she had not previously recognized clearly. She also spoke her mind freely. She described the experience afterward as exhilirating, and almost like being reborn. S described the procedure as a kind of play therapy with grown-ups, undoing the results of old fantasies. Gestalt is a contractual form of therapy and is only used if the patient wishes,

The Seminar translated the phenomena into transactional terms. It resembles regression analysis except that the therapist remains Adult instead of playing the role of Child. The patient's Parent (in most cases) is regarded as the enemy and is externalized in effigy. The patient's unconscious movements, postures, and intonations are important to observe, and give clues to the Child's attitudes. S's patient learned that tense dorsal extensors signified Parental influence, and hence knew now what to watch for.

May 22. (1) Frances Matson: "A Group of 'Alcoholics.'"

The problem with Alcoholics is how soon to insist on breaking up the pastimes in favor of game analysis, and how to accomplish that without extruding patients from the group.

(2) Eric Berne: "A Game of Schizophrenia."

A girl of 20 described a classical severe obsessive compulsive syndrome and behaved like a pre-catatonic. She failed to respond at times when spoken to, and hardly spoke above a whisper. At an appropriate time, B was able to say: "You really know what you're doing when you behave that way, don't you?" The patient smiled and admitted that she did. She readily admitted to playing Psychiatry, and said that she might have played with him indefinitely if he had wanted to, but was glad when he declined. From that time on she showed marked clinical and social improvement. She had had two previous therapists during the five years of her active illness.

May 29. Eric Berne: "Depression and Despair."

B's rather sophisticated group readily understood from clinical material the distinction between depression as an internal dialogue between Parent and Child, and despair as a phenomenon resulting from failure of games and scripts, the non-arrival of Santa Claus; they could feel the difference. For example, one woman could not decide whether or not to stay with her boy friend because to decide would mean to see the world as it was and to relinquish hope of Santa Claus. One man could not commit himself to marriage because he had to be ready to leave at a moment's notice with his Santa Claus, a buxom motherly woman who might appear at any time. The mail man as the fantasied messenger from Santa Claus was more important than the telephone to these particular people.

June 5. Eric Berne: "The Classification of Positions."
See page 23.

June 12. Eric Berne: "Initial Therapy of Chronic Depression." (Tape)

B attempts to cathect the Adult of a woman with chronic anxious depression. Her daughter is blind and crippled but much happier than the mother. The patient begins to recognize her depression as partly an act of compliance to her own mother and her neighbors. Following this recognition she felt better, and was able to discuss new possibilities for living.

CLINICAL NOTES

AN AGGRESSIVE AMBULATORY PARANOID TREATED WITH STRUCTURAL AND TRANSACTIONAL ANALYSIS

Joseph P. Concannon

The game aspects of psychoses have been under continual study at the Seminars since 1959, and have recently aroused interest in other quarters. It is now established that paranoid schizophrenia is heavily game-ridden and can be approached therapeutically from that angle with gratifying results.

A patient played a hard game of "Look What You're Doing To Me" with his wife. He had her clothing and excreta analysed for evidence of extra-marital activity, and held a gun to her head to force a "confession." With the therapist he played the corresponding pastime "Look What She's Doing To Me," and taught it to his children by cross-examining them about their mother's actions. The therapist declined to play his part. He listened without comment when the patient read the written reports he offered as "evidence." but he refused to read them himself and insisted instead on structural analysis of the patient's attitude. Once the patient could distinguish between his Adult and his Child, the therapist delivered an ultimatum: either give up the gun, or discontinue therapy. The patient's response was favorable, and he asked: "Do you want me to turn in the axe too?"

With further clarification of the Adult-Child boundary, the patient began to do his own analysis of normal as well as paranoid transactions. He became well enough to get a job, but broke down on reporting for work. This episode convincingly exposed his external delusional game of "Look What They're Doing To Me" as a cover for and exploitation of his own phobias. At this point he abdicated his delusions, and spontaneously and sheepishly recognized that his game with his wife had the same structure and function: it was a cover for and exploitation of premature ejaculation. Since he no longer blamed his occupational and sexual difficulties on the intrigues of other people, he had to come to terms with what he regarded as his own serious inadequacies. His solution "in all fairness" was to propose a divorce, but he accepted his wife's offer of a reconciliation with marital therapy. The therapist agreed on condition that the patient bring his Adult to the therapy sessions. The patient consented. Currently the marital therapy is proceeding productively and with good humor on both sides.

The patient is now able to throw some light on the evolution of his delusional game. In childhood, he suppressed his Adult because he feared that if he was self-sufficient his mother would desert him. From his father he learned to play Wooden Leg, exhibiting various kinds of inadequacies and disabilities to keep his mother interested. With his wife, his paranoia served among other purposes as a Wooden Leg ("mental illness"); he felt that if he were well enough to hold a job she would leave him. This was an additional advantage in holding on to his delusions.

In this case, transactional analysis was able to proceed successfully in fairly well-defined stages, from structural analysis through transactional analysis to game analysis. Current opinion among transactional analysts holds that the conventional method of treating paranoia may encourage it in many cases. Firm game analysis decathects the paranoid Child in favor of the rational Adult. Deconfusion of the Child can then proceed productively. In this case, the patient was relieved to abandon his game and the delusions that went with it when permission to do so was given with appropriate timing and consideration.

(Editor's Note: It is pertinent to remark that Mr. Concannon's demeanor is good-natured and diffident to the point of self-effacement).

SOCIAL DYNAMICS

PAYROLL CHECKS AND MENTAL ILLNESS

W. R. Poindexter

(Abstracted from a paper presented at the 118th Annual Meeting of the American Psychiatric Association, Toronto, May, 1962)

Clientism becomes a culturally induced game with the contract: "I'll help you if you agree not to get better" (I'm Only Trying to Help You), and "I'll let you help me if I don't have to get well" (Indigent or Wooden Leg). An employer agreed to staff his factory under a current wage contract with people having a history of mental illness. This offer was relayed to various social agencies, who responded enthusiastically in behalf of their many clients who "only need a job to overcome their problems." After 30 days, however, not a single client had been referred. In order to save the jobs, an advertisement was inserted in the newspaper: "Ten factory workers wanted for private employment. Must have a history of mental illness to qualify." The newspaper was somewhat reluctant and suspicious. Over 100 former mental patients responded. A few brought their mothers. A few clients appeared, accompanied by their agency contacts, who questioned the author sharply and critically. One said: "Why are you finding jobs for these people? That's our job." Another asked: "You know they are mental patients, don't you?"

Eleven candidates were selected for employment by the factory owners from among the 24 referred by the psychiatrist. Two of these were later found to be unsuitable because they worked too slowly. The other nine, working on the day shift, were able to equal or exceed the productivity of a group of college students on the night shift. In retrospect, the most sensitive instrument of selection was the conciseness and pertinence with which the applicants filled out their application blanks. After the first year, the employers commented of these people: "You couldn't ask for a better work force; no accidents; absenteeism was below the average rate; you could always depend on them; they were always figuring new and better ways of doing things." Only one "incident" occurred. A woman thought she heard references from the factory radio and turned it off. The foreman told her that the other workers wanted to hear the music and that if she turned it off she would be fired. She continued working with no further difficulties.

There are several aspects worth noting. (1) Some of the workers willingly gave up public welfare support in order to take the jobs. (2) None of the factory personnel or supervisors was trained in "Mental Health." (3) No mention was made of "rehabilitation." The people were paid to produce toys, and they produced. The management had no inclination to play "I'm Only Trying to Help You," and with the exception noted, the former patients did not attempt to play, either. The author also broke all the rules of this game: there were no committee meetings, research endeavors, or consultations; instead he simply proceeded as best he could to accomplish his aim. The discussants at the Seminar where this account was first presented felt that "research" would obscure the real issues and would eventually impair the author's effectiveness in getting jobs for former mental patients in the open market. At the APA the discussants also tended to favor "further research" over further action, even though the action was successful, and there was some criticism of the newspaper advertising. The author feels that the results were more than satisfactory, and that the newspaper advertisement for employees was a necessity.

THEORY

CLASSIFICATION OF POSITIONS

E. Berne

The descriptive classification of games has so far failed to yield consistent clinical results. The repertoire favored by an individual patient cannot be predicted by classifying according to number of players, sociology (middle-class, Italian, etc.), or even, surprisingly, by zone (phallic, anal, oral), or nosology (hysterical, obsessive, paranoid); indicating some conceptual forcing or artificiality in each of these sorting systems. The indications are stronger than ever that the natural classification will be based on the patient's position, and that this is the fundamental variable of human living. Position is based on a simple predicative absolute (e. g., "All men are evil." "All women are untrustworthy." "I am never lovable"). The position is taken in early childhood (third to seventh year) in order to justify a decision based on early experience: e. g. "Never again will I love a man, because father beats me unfairly (when he is drunk);" "Never again will I love a woman, because mother deserted me for my baby brother;" "Never again will I risk loving anyone because mother showed me I was unlovable." On this position are based scripts and their derivative games: e. g. Second degree Rapo, If It Weren't For Her, and They'll Have To Take Me As I Am, respectively.

Since positions are difficult to elicit and verify in clinical practice, it will take some years to assemble the two or three hundred reliable examples necessary to form a useful empirical classification. Meanwhile a logical classification would be useful as a basis for a consistent theory of game analysis, and such a classification in fairly rigorous form is readily available. The subjects of all positions are particulars of the polarity I-Others, and their predicates are particulars of the polarity OK - not OK. The basic predicates for all positions are then the following four:

1. I (we) am OK
11. I (we) am not-OK
111. You (They) are OK
1V. You (They) are not-OK

These predicates yield the cadre for all possible positions thus:

1. I am OK, you are OK
11. I am OK, you are not-OK
111. I am not-OK, you are OK
1V. I am not-OK, you are not-OK

Every game, script, and destiny then, is based on one of these four basic positions. It is evident that only one of the four is intrinsically constructive (1); one is futile and probably terminates in schizophrenia (1V); one is intrinsically paranoid (11); and one is intrinsically depressive (111). Derivative games would be (1) Successful Businessman; (11) I'm Only Trying to Help You; (111) Cops and Robbers; (1V) Look What They Did To Me.

A LIVING PROBLEM

"The Tokyo Taxi"

It is difficult for the American visitor to remain counter-phobically impassive during his first ride in a Tokyo taxi. The available alternatives are to shrink into a corner in a state of acute apprehension, or to keep laughing all the way in from the airport. This raises several interesting structural-transactional questions.

(1) If it were you and there were other people in the taxi, would you counterphobe, shrink, or laugh? Why?

(2) If someone else complained about a similar situation, would you advise him to counterphobe, shrink, or laugh? Why?

(3) If you would not advise him, state three reasons why not. Discard these, and state a fourth reason, which must be original with you.

RESEARCH

TERMINOLOGY

As transactional game analysis (TGA) approaches the point where some liaison with mathematical game analysis (MGA) becomes likely, terminology takes on importance. It is therefore suggested that TGA use the same terms as MGA (*1, *2), viz:

A **game** is the set of rules which describes what happens, also called in TGA the **Thesis**. A particular instance in which the game is played from the beginning to end is called a **play** of that game.

The set of appropriate stimuli or responses available to a player at any given point is called his **move**. The actual behavior which he chooses to exhibit from this set is called his **choice**.

Thus a game consists of a sequence of moves, and a play consists of a sequence of choices. MGA sets up the game and considers the possible plays, a deductive procedure. TGA, by observing different plays, tries to reconstruct the underlying game, an inductive procedure.

The outcome of a game is called the **payoff**. In MGA the payoff is discussed in terms of **utilities** for each player, but since this is admittedly an ambiguous concept, it is still permissible for TGA to speak in terms of the **advantages** accruing to each player. The utilities of MGA are essentially secondary gains which are on the borderline of TGA. TGA is primarily concerned with the internal and external psychological advantages, the internal and external social advantages, and the biological and existential advantages derived from games. The material utilities which are the chief concern of MGA are merely norms or points of departure for TGA. MGA considers the Adult-Adult transactions, while TGA deals with the hidden ulterior transactions which in everyday life determine both the material and transactional payoffs. Where MGA considers the rules by which a poker player may win, TGA asks how and why he breaks those rules in the face of his winning resolutions so that he ends up losing. MGA states what he might do to win, TGA says what he will do to lose.

ADOLESCENT GAMES

Jacqui Olson

A group of unwed mothers between the ages of 13 and 19 met at a social agency for a period of four months, during which they clarified many of the games which are easy to recognize in working with adolescents.

(1) Making Mother Sorry. This was played in its second or medium degree — not socially acceptable, but not fatal. If mother acts harshly about an illegitimate pregnancy, she can be made to feel sorry by a suicidal attempt.

(2) You Can't Trust Anybody. If father rejects you, you can find a boy friend who will also reject you after you become pregnant. This proves that all men are untrustworthy. You are then justified in trying to trap the boy into taking the responsibility.

(3) I'm A Typical Teen-Ager. I may have an illegitimate baby, but my real problem is school, my hairdo, or the twist. If grown-ups become confused or indignant at this, I win.

(4) I Have a Problem (and you, as a professional person, are obliged to listen). Similar to (3).

(5) Putting Up a Front. If your parents object to your boy friend's haircut, have him get a "normal" haircut. Your parents will then accept him and after that the two of you can do as you please.

*1. R. D. Luce & H. Raiffa, **Games & Decisions.** John Wiley & Sons, New York, 1957.
*2. H. W. Kuhn & A. W. Tucker, **Contributions to the Theory of Games.** Princeton University Press, Princeton, 1950.

(6) When I Grow Up. When I'm 18, I can do as I please, e. g., have my own apartment. When she turns 18, the girl discovers that she has a fear of the dark and hence cannot live away from home. A variant of If It Weren't For You or How Do You Get Out Of Here.

(7) When I Get a Job is a variant of (6). The members talked at length about what they would do if they had jobs. Five job openings were found and offered to the nine members of the group. Five of them declined to apply. Four took jobs and quickly got fired.

NEWS FROM LOS ANGELES

FAMILY "INTIMACY"

The Los Angeles Institute for Family Neurosis Research is trying a policy of going into the home to do family group therapy at the dinner table. Dr. James Jackson, Director of Research, writes the Bulletin that "at the table families seem to play their most neurotically gratifying games. We teach them certain rules to follow at meal times which are designed to prevent the enactment of the most infantile types of games. The entire structure of the family relationships is, as a rule, improved."

The rules are as follows: (1) No mention of food; (2) No chit-chat (jokes, recitations of activities, complaints by mother about children, discussions of current events, or planning family activities). The Institute finds that these rules expose the "family neurosis," supplementing office treatment, since "the families are playing some of their most pathological games at home and not in the therapist's office."

Active members of our Seminars will recognize the procedure as allied to the "intimacy experiment" we have been carrying on for the past two or three years. In transactional terminology, we interdict withdrawal, rituals, activities, pastimes, and games, to confront the subjects with "intimacy." The Los Angeles Institute interdicts (1) conversation about the activity (eating) and hence games embedded in the activity; and (2) pastimes and certain popular domestic games, such as "Ain't It Awful," "Let's Daddy and You Kids Fight," and "Then We'll." This tends to expose the more idiosyncratic games of each family.

OBITUARY

On April 5, 1962, Guy Hamilton Crook, Ph.D., Associate Professor of Psychology at the University of California Medical School, died after some years of failing health. Dr. Crook never attended our seminars, but followed their development from the beginning with friendly interest. He had a fertile mind, both professionally and privately. He was a redoubtable chess player and had an unusual sense of humor, and it is for the latter that he would undoubtedly most like to be remembered and that those of us who knew him would most like to remember him, as well as for his generous nature. These qualities, together with his unruffled detachment from organizational rivalries, made him a favorite unofficial advisor to the Langley Porter residential staff.

His two best known humorous inventions were "Medals and Decorations for Psychotherapists" and "Anatomical Lucubrations." Among the first were the Aggressional Medal (for staff members who speak up and say what they think) and the Digressional Medal; the Residential Citation and the Interne's Cross (which wears the interne, rather than the other way round); the Hot Air Medal (with Bluster Cluster), the Expert Trifleman, the Supervisor's Meddle, and the Obfuscation Decoration.

ORGANIZATIONAL NEWS

BIBLIOGRAPHY

Transactional Analysis Bulletin, Supplement No. 1, will be published shortly for the benefit of those teaching this subject clinically or academically. It will be entitled **Outline for an Introductory Course in Transactional Analysis and Social Dynamics.** The first edition will be about 15 pages in mimeograph, interleaved with blank foolscap pages for instructors' notes, giving topical headings with page references to the text, for a course of eight lectures. Pre-publication subscriptions at $2 may be sent to TAB, Box 5747, Carmel, California.

PUBLICATIONS IN PRESS

Eric Berne signed a contract in May with Grove Press for his book on games. It will be entitled **Games People Play**, and should appear early next year. His book on group dynamics, **The Therapy of Ailing Groups**,is now at Lippincott's printers. Grove has also purchased from Simon & Schuster the low-priced paperback rights to his book **A Layman's Guide to Psychiatry & Psychoanalysis.** Accordingly, this book is now available in both medium-priced and popular-priced paperback. The author wishes to state that the cover of the popular edition was designed without consulting him.

REVIEWS

Two reviews of **Transactional Analysis in Psychotherapy** have now appeared. One is a short note by Dr. Francis Braceland in the New York Times Book Review suggesting "but therapists ought perhaps to take a look." The other is a long review by R. J. Starrels in the American Journal of Psychotherapy for May, 1962, which gives a very favorable impression of our subject. He points out that contrary to what an undiscriminating reader might think, a clearer understanding shows that transactional analysis is not a contradiction to, but rather a compatible extension of Freudian theory. He also lists what he considers to be some practical advantages of the transactional approach, particularly in dealing with acting out and borderline cases. In addition he suggests that it provides an increased control over results and an increased margin of safety; and remarks on its suitability for group therapy.

PERSONALS

David Meltzer is stationed at Brooks Air Force Base in Texas, where he is introducing the staff to some of the Seminar thinking. He expresses considerable psychiatric admiration for the personalities of the jet pilots he encounters, and the tape he sent us includes some rousing jet age barrack room ballads.

Iva Blank has arranged a temporary transfer from the California Institution for Women at Corona to the Medical Facility at Vacaville so that she can learn more first hand there and in San Francisco.

George

(Our sponsored orphan in Crete)

George's mother writes that he continues to develop mentally, physically, and spiritually. Their only remaining goat died and they buried it. Now there is no milk. They left home to work in the oil harvest. That was over in March but they couldn't go home until school was over.

EDUCATIONAL ACTIVITIES

Course 202, Applied Social Dynamics, will continue to meet every Tuesday evening at 8:30 p.m. until August 14 at the office of Eric Berne, M.D., 1200 Washington Street in San Francisco. Qualified visitors are welcome. It is suggested that they check in advance by telephone, PRospect 6-4256, and they are requested not to arrive before 8:20 p.m.

The proceedings for the past quarter are abstracted in this issue of the Bulletin. During the Summer Quarter, it is anticipated that therapy groups from private practice and from various Bay Area clinics, hospitals, and institutions will be presented for transactional and game analysis, interspersed with special lectures and didactic-clinical discussions.

Introductory Course

There are requests for the Introductory Course in Social Dynamics (No. 101) to be given in Palo Alto as well as in San Francisco. It is therefore likely that there will be two Introductory Courses next season, one beginning in late September and the other in late January. As soon as it is decided which will be given in Palo Alto and which in San Francisco, special announcements will be sent out so that enrollment can proceed. Those desiring to express a preference as to place and season may write to the office of the Bulletin, Box 5747, Carmel, California. Both courses will be given on Wednesday evenings at 8:30 and run for eight consecutive weeks.

Golden Gate Group Psychotherapy Society

The Seminars were well represented at the Fifth Annual Scientific Conference of the Golden Gate Group Psychotherapy Society held on June 9, 1962. The all-day workshop on transactional analysis was planned to accommodate a maximum of 25. The attendance was kept at that figure on a first-come-first-serve basis at the morning session. When 50 people turned up for the afternoon session, however, the program chairman relented and allowed us the privilege of admitting them all. Among the Active Members participating in the general scientific program were Jacqui Olson, William Collins, Kenneth Everts, Franklin Ernst (Program Chairman), Eric Berne, and Joseph Concannon. Out-of-town members included David Kupfer, Richard Parlour, James Jackson, and Robert Goulding. Most of the rest of our active membership also came to listen. Many others on the program and in the audience were former members and old friends of the Seminars.

EXTRAMURAL TEACHING

Regular teaching continues at Langley Porter Clinic, Stanford-Palo Alto Psychiatric Clinic, California Medical Facility, Mendocino, Dewitt, and Stockton State Hospitals, and the V.A. Hospital in Roseburg, Oregon. Dr. Edward Setchko has been teaching transactional analysis in pastoral counselling at the Pacific School of Religion. Dr. Howard Fradkin, who has introduced it into his curriculum at San Francisco State College, reports that some of his students found the text hard going.

A recent development is the increasing interest among nurses. During the past quarter, a six session introductory course was given for the teaching staff of the Stanford School of Nursing, including representatives from the affiliated V.A. Hospital in Palo Alto. Our approach is also spreading among correctional officers, and an eight week course and consultation in transactional group therapy, adapted for parole officers, was given for the staff of the San Francisco office of the Adult Parole Authority, including also some visitors from Sacramento and other facilities.

The Seminars

The San Francisco Social Psychiatry Seminars function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and educators. The teaching is primarily oriented toward group therapy and group work based on transactional analysis. Research in social dynamics is carried on as funds become available. Since there is no endowment, the Seminars, now in their fifth year, have been almost entirely supported from tuition fees. Contributions are always welcome.

The Seminars are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. In certain cases, well-recommended undergraduates are eligible to attend. Professional workers are always welcome to visit the permanent clinical seminar (Course No. 202) which runs all year round, and can become Active Members, if otherwise eligible, on completion of the Introductory Course or its equivalent.

Active members who leave the San Francisco area or for other reasons cannot continue regular attendance are invited to become Members At Large ($10 per year, or $5 per year for students). They will receive the Bulletin and retain their attendance and voting privileges.

Professional workers who wish to receive the Bulletin and have the privilege of attending the Seminars whenever they are in San Francisco may become Associate Members ($5 per year), Subscriptions to the Bulletin are available to institutions and libraries at $3 per year.

The Seminars meet in mid-week at 1200 Washington Street, San Francisco. Correspondence regarding attendance should be addressed to the Secretary, San Francisco Social Psychiatry Seminars, 529 - 28th Street, San Francisco 14. Those desiring mail membership (At Large or Associate) may fill in the coupon below.

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TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 1 OCTOBER, 1962 NUMBER 4

Page

SCIENTIFIC PROCEEDINGS
- SUMMER QUARTER, 1962 - - - - - - - - 31

CLINICAL NOTES
CHILDREN RAISED WITH STRUCTURAL ANALYSIS - 33
D. Kupfer

SOCIAL DYNAMICS
BREAKING UP THE "REHAB" GAME - - - - 35
R. M. Birnbaum and D. E. Eazell

RESEARCH
"NO EXIT" REVISITED - - - - - - - - 36
C. Steiner

NEWS FROM ABROAD - - - - - - - - 37

A LIVING PROBLEM - - - - - - - - 37
C. St. Cyr

ORGANIZATIONAL NEWS - - - - - - - - 38

EDUCATIONAL ACTIVITIES - - - - - - - - 39

TRANSACTIONAL ANALYSIS BULLETIN

Published Quarterly by

THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

A NON-PROFIT EDUCATIONAL CORPORATION

VOLUME 1 OCTOBER 1962 NUMBER 4

The Transactional Analysis Bulletin will be published quarterly to keep active members, members at large, associate members, former students, and other interested parties current with the scientific, educational, organizational and personal activities of the San Francisco Social Psychiatry Seminars. Subscriptions are solicited from institutions and libraries at $3 per year (U.K. 18/-). All funds received from associate memberships and subscriptions will be devoted to continuing and enlarging the Bulletin until it becomes possible to publish selected articles without the necessity for undue abbreviation. Subscriptions, enquiries, exchanges, and financial contributions should be addressed to The Transactional Analysis Bulletin, P. O. Box 5747, Carmel, California.

Contributors

Short summaries of newly discovered transactional games or other original observations, brief accounts of clinical, scientific, or teaching activities, letters to the editor, or personal and organizational notes should be addressed to the Editor, Transactional Analysis Bulletin, at the above address. Such contributions are encouraged as the best way for members in various parts of the country to keep in touch with each other.

Advertising

Rates for classified and display advertising will be submitted on request. The Bulletin reaches a select audience of professional people in the San Francisco Bay Area and other parts of the country.

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THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

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SCIENTIFIC PROCEEDINGS

SUMMER QUARTER — ADVANCED SEMINAR - 202 - JULY — SEPTEMBER 1962

The abstracts given below are written for professional readers who are assumed to be familiar with basic principles and terminology of transactional analysis. They include the last two meetings of the Spring Quarter.

June 19. Joseph Concannon: "Problems in Using Transactional Analysis in Short Term Therapy."

C cited as an example K. H. Blacker's problem: daily half-hour meetings on an in-patient ward where patients stayed only 2 to 6 weeks, with a changing population. There are two types of solution for maximizing effectiveness with such handicaps: an empirical approach based on trial and error, or a logical approach based on theory: group dynamics, transactional game analysis, or mathematical game analysis. In general, the therapist should not try to cram his patients. He should proceed in the usual sequence at the usual pace.

June 26. Eric Berne: "Results of Transactional Group Therapy in Private Practice."

In a series of seven continuous open-ended groups, 26 out of 63 patients terminated during the past six to nine months. 23 of the 26 were improved according to themselves, their intimates, the therapist, and usually the other group members as well. The remaining three came for one, three, and five sessions, respectively. In about half the cases, the improvement was regarded by the therapist and the more sophisticated group members as gratifying, but not maximal or stable.

July 3. No meeting because of holiday.

July 10. Gary Schmalle: "Short Term Groups in a Prison."

Newly incarcerated prisoners attended "Behavior Adjustment" groups one hour per day for ten days. S enumerated concisely the limiting factors: 1. Difficulty in dissecting out patterns, games, and scripts in 10 days. 2. The inmates counter "You're not alike" with "We are alike," and vice versa. 5. Justification for distrusting therapist with stories of corrupt officials. 6. Inmates "stripped of identity" by new situation. 7. Immediate inception of "How Do You Get Out Of Here" disrupts other approaches. 8. Wooden Leg with sociological plea (What do you expect in a society like ours?) as second line of disruption. 9. Administrative restrictions: no "therapy" permitted; i.e., only content of transactions can be considered, not function. 10. Typical result is institutionalization and ritualization of proceedings with rubrics: "set limits," "sounding board," "express hostility," "ventilate," "explore." 11. Inmates control leader by threatening "strike" which will injure his reputation. 12. If he complies, they comply by "proper participation" which will look well on their records.

Remedies suggested by Seminar. The crucial point is the leader's own "identity." To establish this he must clarify (a) his contract with the prison authorities and (b) his contract with his group members. Administrative restrictions of (a) put him in a difficult position which he can only solve by a compromise between terminology and actual operations.

For (b) he must clearly and tenaciously separate his role as a member of the Correctional group apparatus from his role as a "behavior adjuster." The first is a police fuction, the second is a professional one. P. McCormick formulated the emergent strategy for the professional side: firmly, systematically, and progressively inculcate them with the principles of structural and transactional analysis, striving continually for Adult-Adult working transactions. This is what will be most usable and most useful to them later.

July 17. Franklin Ernst. "The Multi-Problem Family and the Decision for Treatment."

This was a well-attended meeting with several newcomers present. E read the first draft of a paper designed for presentation at a national convention of correctional officers. An experienced transactional analyst, E. took the "Martian" approach by requesting discussion of "the paper" before discussion of its contents, offering an opportunity to illustrate "Martian" to the newcomers. First considered was (1) Why do people write papers? E should sort out his Adult, Parent, and Child motivations in this respect. (2) Why the surge of interest in "family therapy?" Poindexter suggested "See How Hard I'm Trying": a worker who cannot cure his client seen individually tries harder by seeing six people instead of one; if the client does not get better under **those** conditions, then who can blame me? The redundancy of the title (Are there non-multi-problem families?) suggests that family therapy is becoming institutionalized and jargonized. (3) As to content, E counters the trend by trying to demonstrate that it is not always desirable or helpful to see the family; one individual who is committed to treatment is worth more than five or six uncommitted ones. His review of the literature is superfluous; the audience will be surfeited with such reviews; his limited time would be better devoted to cogent, clear clinical material. The Martian approach sacrifices banality for rationality, and rituals for relevancy.

July 24. Eric Berne: "Current Crises in Two Therapy Groups."

1) A patient's Child was jolted by attempted suicide of his fiancée. He described the resulting insights in a game-free way, and the possibilities of his altering his behavior. The other members were envious and suspicious of his sincerity.

(2) A critical new patient successfully turned the other members against himself. The therapist pointed out how they had been conned into giving him justification for terminating as part of his self-destructive game and script.

July 31. Frances Matson: "Games of Narcotics Addicts."

Narcotic addiction has been insufficiently studied by transactional analysts. M presented a heroin addict's games as a basis for discussion. J. Olson added material concerning use of less addictive drugs among young people: marijuana, methedrine, and codeine are In, heroin is Out; Cannabis indica, as distinct from Cannabis sativa, is very In, but hardly obtainable. Games played with each drug are somewhat different. The seminar suggested that for a systematic game study it would be advisable to have "heroin only" addicts and contrast them with "marijuana only" takers. It is too difficult to sort out the transactional material with polyaddicts. Inclusion of marijuana under the Harrison Act has changed marijuana smoking from a pastime into a game; this could be verified by studying its use before and since its inclusion.

August 7. Kenneth Everts: "A Group in Private Practice."

The whole proceedings of this group had a subtle lack of constraint which differentiated it from groups conducted in institutions. The therapist's freedom from organizational constraints was also evident, and in some ways it added to his difficulties. Having no organizational "Parent" to guide or restrict him, his Adult had to choose between a larger variety of interventions at each point.

August 14. Eric Berne: "A Classification of Interventions."

The effects on the Parent, Adult, and Child of the patient of various types of interventions open to a transactional analyst were discussed.

August 21 and 28. Summer Vacation.

CLINICAL NOTES

CHILDREN RAISED WITH STRUCTURAL ANALYSIS

David Kupfer

(Based on a paper read at the Scientific Conference of the Golden Gate Group Psychotherapy Society, San Francisco, June 1962)

After 18 months in a transactional therapy group, a 30 year old divorcee spontaneously decided to acquaint her three daughters with structural analysis. She related the following anecdotes.

At 4, Doris learned to recognize when she felt demanding or jealous, and called this state "Baby Doris." When she behaved straightforwardly and felt comfortable and in control, this was referred to as "Grown-up Doris." Bossy or motherly behavior was called "Mommy Doris." To the last one she commented: "Oh, then that's **your** Mommy speaking when you are bossy or crabby with us." One day the mother became upset because Barbara, age 3, would not stop crying, and she threw a doll across the room and broke its head. Doris and Barbara became frightened at their mother's rage, but recovered quickly when she told them: "Mommy's Child just got out of hand, it's silly and useless, but I couldn't help it."

One day Barbara said: "Mommy, I don't like you, you're naughty." The mother pretended to cry and replied: "Oh, Barbara, you have hurt my feelings!" Whereupon Doris commented with delight: "Mommy, I hear your Child talking." At 4½ Doris said: "When I grow up I'll still be scared of things." The mother explained the difference between Adult (realistic) and Child fears, and cited as an example Barbara's fears of "wicked eyes" in the dark, adding: "The Grown-Up Barbara knows that there are no eyes, but the Baby Barbara is still afraid." Doris replied with real assurance: "I know there isn't really any fire in my bed burning my feet, but my Baby Doris is still afraid." The mother explained that grown-ups have fears too, but it was important to decide whether a fear is grown-up or of the Child. Following that conversation, Doris did not again mention the "fire" fears. The mother felt that they had either disappeared or become innocuous. One day when Doris was angry at being disciplined, she said resentfully: "That's your 'Baby' Mommy talking." The mother told Doris that if she really listened she would know it was the mother's Mommy, adding: "The Mommy in me knows what is best for you."

At this time Doris showed considerable ability to pull herself together. Once when an outing was denied to her because she had misbehaved, she screamed and cried. About a half hour later she came to her mother quite serenely and said: "I understand why we can't go, and I'm not angry with you." The mother related this to some friends, who were impressed. The next morning the mother told Doris how amazed and impressed the friends were at her understanding. Doris's eyes twinkled and she broke into a "wonderful grin" and said: "They were really surprised to find out that I had a Grown-up Doris inside of me, weren't they?"

When Barbara was four, the mother became pregnant. Barbara began to talk baby-talk, which irritated the mother until she wanted to scream. One day listening to her, it struck the mother that it was really Barbara's Child talking. She said to Doris (now age five): "I can hear Barbara's Child talking now, can't you?" Doris replied calmly: "That's right!" Barbara then remarked: "Yeah. I'm just a little baby now!" After that the mother could be much more patiently Adult about Barbara's baby talk. One day when Barbara talked that way in front of visitors, Doris turned matter-of-factly to her neighbor and said: "That's Barbara's Child talking, not Barbara."

The next child, Carla, was three when the new baby was born. Carla kept asking if she were not a baby too, insisted that she was, and held her hands about a foot apart to show how little really she was. The mother tenderly told her it was true that she sometimes was a baby, or rather **felt** like a baby, and that she could always come to her mother and tell her what the Baby Carla wanted or thought about something, and that the Mommy in mother would be happy to take care of her and cuddle the Baby Carla, the Baby Barbara, or the Baby Doris. She added: "You also know that I am happy to talk to the Grown-Up Carla about her clothes or her friends, and I am glad when Mommy Carla helps with the baby or the housework or takes care of her pets." It was a good feeling for me and I believe for Carla to be able to talk about her feelings in words she could understand. Now she knows that Baby Carla wants to crawl on my lap, or Mommy Carla gets the broom and sweeps.

By the following year, the mother could explain to the three little girls what kind of behavior was expected in various circumstances. The playground was a place where Babies could really have fun, holler and rough-house as they wished. At a restaurant, Babies are out of place, but the Grown-Up girls can enjoy themselves there. She explained that they could keep their Children in line when they wanted to. "Now I can allow myself to enjoy an outing as an Adult rather than having a wary Parent functioning, who wants to correct, boss, or discipline them."

At seven, Doris was having trouble with her playmates, and often came home in tears. The mother, who had overheard some of the arguments, remarked to Doris that Mommy Doris sounded pretty bossy sometimes; if she left Mommy Doris at home, her friends would not have to send **her** home instead. Doris liked the idea. The unhappy episodes became less frequent. Doris was also able to recognize the Parent in a girl-friend to whom she had been very nasty, which also may have helped. "Doris finds it easy to talk to me in straight structural terms. I am sure that she has more confidence because of this and both of us can discuss her troubles in understandable terms. I am sure that Barbara's awareness of ego states has also helped in her case. An associate of mine said in a nasty way to Barbara (age 6): 'I know what you're thinking, Barbara, I know everything that is going on in your mind.' To which Barbara answered calmly and politely, in spite of this man's threatening attitude: 'Oh, no, you don't. You don't because I haven't told you.' I feel that here she was differentiating Child apprehensiveness from Adult facts."

At 7½, when Doris was scared to go to the doctor for a shot, the mother asked the two smaller ones: "Can you think of some way that Doris could help her Child Doris to be more comfortable and not so frightened? What do you think, Barbara and Carla?" To which Barbara contributed: "Well, Doris, when the doctor is going to give me a shot, I just leave the Baby Barbara at home with a bottle." When they got to the doctor's office, Doris started to panic. Barbara insisted on getting her shot first, "then Doris's Adult came through, she decided to get her shot, and since then her fear has lessened."

At this time, the children's teachers reported to the mother that the girls showed good social control, and conducted themselves in a matter of fact and reliable way. When the family moved, the girls were somewhat apprehensive about going to a new school. After the first week, the new teachers reported that the girls were "very adaptable and had moved in easily." The mother's general conclusion, after 3½ years of experience: "In general, our structural vocabulary has made communication between myself and the now seven, six, and four year old girls clearer and easier."

SOCIAL DYNAMICS

SOME CONSEQUENCES OF BREAKING UP THE "REHAB" GAME (*1)

Robert M. Birnbaum and Dale E. Eazell

The "Rehab" game consists of referring tension-producing clients to one rehabilitation program after another until there is Parental justification for calling them "long-term," "unreliable," or "unemployable." One year of preliminary work with such long-term welfare recipients with minimal physical disabilities indicated the following: the clients are often so caught up in the welfare workers' games of "Rehab" and "I'm Only Trying to Help You," and their own reciprocal games of "Wooden Leg," "Poor Me," and "Good Patient," that they have little possibility of freely looking at or making decisions about their own status. From this transactional frame of reference, the authors hypothesized that in the absence of the welfare workers' game-producing stimuli, there might be some clients (those not firmly committed to their games) who could talk objectively about their situations and in so doing suggest means of resolution.

Twelve clients (*2) were informed that we were conducting research into long-term recipiency. There was no implication that we were going to help this pilot group get better or try to change their status in any way. Their clientism ranged from one to 10 plus years, with the median at about 4 years.

B, a clinical psychologist, conducted initial individual interviews, stating the purpose of the project in appropriate language as follows: We are hired by the County Rehabilitation Service to study this particular problem. We are not connected with the welfare service, and communications are privileged. The client is free to leave at any time. Welfare workers are often frustrated by clients. How does the client see the situation?

Four of the clients continued to play "Wooden Leg" and "Poor Me," and left the interview. The remaining eight began to express resentment at their status: being supervised, having to ask for money, being told where to go. B agreed that there were good reasons for leaving welfare, but what were their reasons for staying on it? Some hesitantly and anxiously grew more candid. They talked of outside income, both legal and illegal; one worked in a gambling house, another was an armed robber. They spoke of their covert battle with the welfare workers: to get "better" is for the worker to win. Their disclosures were reviewed and evaluated, and they were thanked. The first objective was attained: we knew more about why clients stayed on public assistance.

The clients were then informed that E, a vocational counsellor, could assist them if they were seriously interested. All eight requested his help. Four are now employed full time, earning from $100 to $150 per week with no formal treatment; and through them, four other long-term welfare recipients independently contacted E. Two of those are now also working full time, and the other two are continuing interviews. Thus of 16 long-term clients seen, six are working full time as a direct result of breaking up their Rehab game, four are in counselling, four refused to relinquish their games, one made an informed decision to continue the game, and the remaining one is on his own. In view of these results, it is planned to continue the project.

(*1) See TAB No. 1, p. 3, and No. 2, p. 8, 1962.

(*2) Under a program sponsored by the Rehabilitation Service of Contra Costa County Medical Service, Martinez, California (Dr. Louie Girtman, Director), with the cooperation of a local Social Welfare Agency.

RESEARCH

"NO EXIT" REVISITED

Claude Steiner, Director of Research, S. F. Social Psychiatry Seminars

(Abstracted from a paper presented at Mount Zion Clinic, February, 1961)

The existentialists are aware of the counterphobic nature of "activity." Sartre, in his play **No Exit** illustrates how three human beings, deprived of any possibility of engaging in useful activities, or of escaping from each other, quickly become involved in violent and painful, internally-programmed, transactional behavior.

Using Sartre's play as a paradigm, an experimental situation was devised which was expected to accomplish the following: (1) To expose two individuals to an activity-less social situation for an extended period of time, thereby hoping to throw into relief socially and internally programmed transactions, (2) To examine in detail the genetic development of relationships; their course through rituals, pastimes, games, and intimacy, and (3) To examine the effect that an observer has on social transactions. It is assumed by many researchers that the observer does not affect the relationship observed, even though there is no evidence for that assumption.

Two young males picked at random from a population of applicants for employment, were hired for 36 consecutive hours. Without previous interview and with an absolute minimum of instructions, they were placed in a small room and observed through a one-way mirror. The room contained only two chairs, two pillows, two blankets, and had an adjacent rest room. Food was administered through a slot, and an electric recording plus extensive notes were obtained. Afterward the S's were interviewed. Two such experiments were performed. The situation effectively prevented the S's from engaging in "activities" (as defined by Berne). As a consequence they were rapidly forced to exhaust rituals and pastimes, and individual programming became evident and began to increase in frequency within fifteen minutes after the beginning of the experiment.

It was observed that in both experiments a form of "bargaining-over-stroking" (*1) took place, the outcome of which set the stage for all subsequent behavior. In E-1, subject W refused to establish a "reciprocal trade agreement" at the high stroking level that subject B demanded, while in E-2 reciprocity at a high level was agreed upon. These "trade agreements" radically affected the rest of the transactions: in the case of E-1 the S's were silent for more than 75% of the period, slept fitfully, and demonstrated and reported acute discomfort. In E-2 the S's were silent less than 25% of the total time, slept soundly and demonstrated and reported less discomfort.

Although no statement was made to the S's, they assumed that they were being observed. They reacted in several spheres as if a Parental person were in the room **participating** in the transactions, though silent. It seems impossible to accept the view that the observer does not significantly affect the situation, and this influence should be studied rather than ignored.

It is felt that this experimental paradigm is to the observation and measurement of social behavior what the "Skinner box" is to reinforcement: a narrowly defined situation designed to emphasize certain variables.

A further experiment is being planned, with game theory utilities in mind, in which the first 15 or 30 minutes will be observed with special attention to the manner in which "stroking trade agreements" take place early in relationships and affect their course.

(*1) Kupfer, D. "On Stroking." TAB No. 2, p. 9, 1962.

NEWS FROM ABROAD

COSTA RICA

The Editor of the Bulletin spent an interesting ten days in Costa Rica. "Group work" is conducted there under the auspices of the Departmento Proteccion Materno Infantil (Dr. Miguel Asis B., Director), with weekly classes on pediatric health for mothers and fathers. On a visit to the Chapui Mental Hospital in San José (Dr. Gonzalo Gonzales-Murillo, Director), the Editor was greatly pleased to meet an old friend who attended the original Seminars at Mount Zion several years ago, Dr. Gonzalo ("Chalo") Adis-Castro, now chief psychologist of this 850-bed hospital He is also organizing psychological research at the University of Costa Rica. Dr. Adis-Castro, who spent time at Vineland, N. J., and at Oak Knoll Naval Hospital as well as at Mount Zion, asked to be remembered to all his friends in this country.

Dr. Adis-Castro acted as interpreter for an evening seminar on structural analysis and transactional analysis proper, held at his home and attended by several of the psychologists and psychiatrists. The following morning at the hospital, the whole professional staff, including the nurses, and some outside visitors as well, attended a session on time-structuring and games, again with Dr. Adis-Castro translating as we went along. The audience exhibited an intelligent and indefatigable interest in "el Padre," "el Adulto," and "el Nino," as well as in "los juegos" and "las transacciones" in general. The net result was that the group therapists and other staff members, many of whom are planning to take further training in North America, expressed a spontaneous interest in forming a study group in transactional analysis. Any of our members who can visit this fascinating country are certainly assured of a warm professional welcome at the mental hospital.

SWEDEN

Barbara Rosenfeld reports that transactional analysis and its literature, which is already found in many psychiatric libraries there, is arousing increased interest in Sweden (in great measure due to her efforts). We are already receiving correspondence on the subject from that country.

LOS ANGELES

The Los Angeles Branch of the Association of Medical Group Psychoanalysts held its first meeting on May 31, 1962, and elected the following officers: Dr. Gordon Saver, President; Dr. Richard Parlour, Secretary-Treasurer; and Dr. Jack Jurasky, Chairman, Educational Committee. Dr. James Jackson is Western Representative of this organization. Transactional analysis is well represented here, since Drs. Jackson, Parlour, and Jurasky are Members of our seminars.

A LIVING PROBLEM

"DESTINY IN THE SCHOOL-ROOM"

Cyprian St. Cyr

An eight year old boy distressed his parents and teachers because he would not work at school. In the course of a conversation he said that he did not like school and anyway when he grew up he was planning to be a soldier and get killed by a machine-gun bullet.

There were about thirty minutes left after that remark, and it was not possible to talk to him again. How would you spend the remaining time most profitably for him and for yourself? Would you encourage him to study at school? If so, why? If not, why?

ORGANIZATIONAL NEWS

Transactional Analysis Bulletin, Supplement #1, has been published for the benefit of those teaching this subject clinically or academically. It is entitled **Outline For An Introductory Course In Transactional Analysis and Social Dynamics.** The first edition is 13 pages in mimeograph, interleaved with blank foolscap pages for instructors' notes, giving topical headings for a course of eight lectures. So far the demand has been satisfactory. Subscriptions at $2.00 may be sent to Transactional Analysis Bulletin, P. O. Box 5747, Carmel, California.

ANNUAL MEETING

The Annual Business Meeting of the San Francisco Social Psychiatry Seminars, Inc. will be held on Tuesday, October 16, 1962, at 1200 Washington Street, San Francisco, at 10 p.m., following the regular scientific session. Officers and directors will be elected for the coming year, and such other business as may come before the meeting will be considered.

PERSONALS

Bill Collins has completed his tour of duty as a Navy Aviation Pilot, and is now a therapist in the new narcotics unit at Tehachapi, near Los Angeles.

Frances Matson has been appointed Supervisor of Social Work at the Centre for Information & Therapy on Alcoholism in Oakland.

Dave Meltzer and E. H. Cramer, now at Brooks Air Force Base, spoke on transactional analysis at a meeting of group therapists in San Antonio, Texas, and roused sufficient interest to be asked back for a repeat.

Paul McCormick has been selected by Alameda County Juvenile Justice Commission for the newly created position of finding employment for graduates of Senior Boys Camp and the Girls Home, a project financed by a grant from the Rosenberg Foundation. He attributes his selection and promotion to senior deputy probation officer to having spoken "Martian" (i.e., pertinently and straightforwardly) to the selection committee.

Jacqui Olsen has been awarded a teaching fellowship at William and Mary and is now living in Richmond. Virginia.

Barbara Rosenfeld spent the summer in Sweden as an observer at Linkoping Psychiatric Hospital in Stockholm. She has now entered her second year at Womens Medical College in Philadelphia.

Myra Schapps has moved to Los Angeles, where her husband, John C. Schapps, will be a referee for the Juvenile Court of Los Angeles County. She will be at the State Department of Social Welfare in Los Angeles.

Jim Starrels has left for a wander year. He will spend eighteen months travelling around the world, after which he plans to resume practice in Philadelphia, his home town.

George
(Our sponsored orphan in Crete)

George was not promoted because he was ill most of the school year. He is repeating first grade. His favorite subject is reading. He is 8 years old and is 4' 2" tall and weighs 55 pounds. His mother earns $6.66 a month, supplemented by the products of four hens. George's father was a fisherman, but he had no boat and used dynamite. One day he made a find - a mine from World War II, full of useful explosives. That is how George became an orphan.

EDUCATIONAL ACTIVITIES

Course 202, Applied Social Dynamics, will continue to meet every Tuesday evening at 8:30 p.m. until December 11 at the office of Eric Berne, M.D., 1200 Washington Street in San Francisco. Qualified visitors are welcome. It is suggested that they check in advance by telephone, PRospect 6-4256, and they are requested not to arrive before 8:20 p.m.

The proceedings for the past quarter are abstracted in this issue of the Bulletin. During the Autumn Quarter, it is anticipated that therapy groups from private practice and from various Bay Area clinics, hospitals, and institutions will be presented for transactional and game analysis, interspersed with special lectures and didactic-clinical discussions.

Introductory Course

For the Fall Trimester, 1962, the following course will be offered starting October 10, open to those with a degree in the medical or social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university or college. A Certificate of Completion will be issued at the end of the course.

101. Introductory Social Dynamics. A theoretical introduction to group dynamics, structural analysis, and transactional analysis. Wednesday evenings at 8:30. Eight meetings, October 10 - November 28. Fee $40. Instructor: Dr. Berne

The course will meet at the office of Eric Berne, M.D., 1200 Washington Street, in San Francisco.

For further information or enrollment, write or call the Secretary, Viola Litt, 529-28th Street, San Francisco 14, or telephone MIssion 8-7046 or PRospect 6-1300.

EXTRAMURAL TEACHING

During the past quarter, regular teaching continued at Langley-Porter Clinic, Stanford-Palo Alto Psychiatric Clinic, California Medical Facility, Mendocino, Dewitt, and Stockton State Hospitals, and the V.A. Hospital in Roseburg, Oregon. Special one-day workshops were also given at Mendocino State Hospital and at Roseburg, and two seminars for the staff of the Asilo Chapui, in San José, Costa Rica.

Dr. Eric Berne has been appointed consultant in group therapy at McAuley Clinic (St. Mary's Hospital) in San Francisco. There are full facilities for teaching group therapy there, including observation and tape-recording, and most important, a receptive staff and an active program with complete academic freedom under leadership of Dr. Michael Khlentzos, the Chief of Staff at the Clinic. An excellent groundwork has already been laid for the most productive use of these facilities by Dr. Donald Brown, who is leaving to study community psychiatry at Columbia. Present plans call for the development of a full three year residency training program in group therapy, offering an opportunity to meet the most rigorous standards for such training, both didactic and clinical.

One of the most stimulating aspects is the transfer of the complete membership of a sophisticated transactional therapy group, for teaching purposes, from Mount Zion Psychiatric Clinic to the McAuley Clinic (with the approval of both clinic heads).

The Seminars

The San Francisco Social Psychiatry Seminars function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and educators. The teaching is primarily oriented toward group therapy and group work based on transactional analysis. Research in social dynamics is carried on as funds become available. Since there is no endowment, the Seminars, now in their fifth year, have been almost entirely supported from tuition fees. Contributions are always welcome.

The Seminars are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. In certain cases, well-recommended undergraduates are eligible to attend. Professional workers are always welcome to visit the permanent clinical seminar (Course No. 202) which runs all year round, and can become Active Members, if otherwise eligible, on completion of the Introductory Course or its equivalent.

Active members who leave the San Francisco area or for other reasons cannot continue regular attendance are invited to become Members At Large ($10 per year, or $5 per year for students). They will receive the Bulletin and retain their attendance and voting privileges.

Professional workers who wish to receive the Bulletin and have the privilege of attending the Seminars whenever they are in San Francisco may become Associate Members ($5 per year), Subscriptions to the Bulletin are available to institutions and libraries at $3 per year.

The Seminars meet in mid-week at 1200 Washington Street, San Francisco. Correspondence regarding attendance should be addressed to the Secretary, San Francisco Social Psychiatry Seminars, 529 - 28th Street, San Francisco 14. Those desiring mail membership (At Large or Associate)-may fill in the coupon below.

Send to: T. A. Bulletin, P. O. Box 5747, Carmel, California

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A NON-PROFIT EDUCATIONAL CORPORATION

TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 2 JANUARY, 1963 NUMBER 5

Fifth Anniversary Number

Page

SCIENTIFIC PROCEEDINGS
FALL QUARTER, 1962 - - - - - - - - 43

EDITORIAL
HISTORY OF THE SFSPS - - - - - - - - 45

LIST OF MEMBERS - - - - - - - - - 46

INDEX TO VOLUME 1 - - - - - - - - - 48

NEWS FROM ABROAD - - - - - - - - - 49

A LIVING PROBLEM - - - - - - - - - 49
C. St. Cyr

ORGANIZATIONAL NEWS - - - - - - - - - 50

EDUCATIONAL ACTIVITIES - - - - - - - - - 51

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Published Quarterly by

THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

A NON-PROFIT EDUCATIONAL CORPORATION

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The Transactional Analysis Bulletin will be published quarterly to keep active members, members at large, associate members, former students, and other interested parties current with the scientific, educational, organizational and personal activities of the San Francisco Social Psychiatry Seminars. Subscriptions are solicited from institutions and libraries at $3 per year (U.K. 18/-). All funds received from associate memberships and subscriptions will be devoted to continuing and enlarging the Bulletin until it becomes possible to publish selected articles without the necessity for undue abbreviation. Subscriptions, enquiries, exchanges, and financial contributions should be addressed to The Transactional Analysis Bulletin, P. O. Box 5747, Carmel, California.

Contributors

Short summaries of newly discovered transactional games or other original observations, brief accounts of clinical, scientific, or teaching activities, letters to the editor, or personal and organizational notes should be addressed to the Editor, Transactional Analysis Bulletin, at the above address. Such contributions are encouraged as the best way for members in various parts of the country to keep in touch with each other.

Advertising

Rates for classified and display advertising will be submitted on request. The Bulletin reaches a select audience of professional people in the San Francisco Bay Area and other parts of the country.

Editorial and Circulation Assistant, Mary N. Williams

THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

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SCIENTIFIC PROCEEDINGS

FALL QUARTER — ADVANCED SEMINAR - 202 - SEPTEMBER — DECEMBER 1962

The abstracts below are written for professional readers who are assumed to be familiar with the basic principles and terminology of transactional analysis.

September 18 & October 16. Eric Berne: "Some Crises in Therapy."

September 25. Joint Meeting with Western Society of Existential Psychiatrists and Psychologists. Eric Berne: "Similarities between Transactional Analysis & Existential Analysis."

This meeting, held at Letterman Army Hospital, was the first joint meeting ever attempted by the Seminars. B attempted to reduce certain central existential concepts to transactional terms. The Self may shift from one ego state to another. Encounter is promoted by complementary transactions and disturbed by crossed transactions. Intimacy, similar to encounter, is usually evaded by adopting other types of time-structuring. Commitment is made in childhood when a decision is made and a position is taken from which games are played. Transactional therapy has a definite structure, and that does not reduce its existential significance. In the ensuing discussion, Arthur Burton stated that patients often get better in spite of therapy. The speaker replied that they seemed to get better in spite of transactional analysis more quickly than in spite of other forms of treatment.

October 2. Joint Meeting with Golden Gate Group Psychotherapy Society. V. Satir, E. Chance, M. Steiner, & E. Berne: " Panel on Family Therapy."

Satir presented a report of her extensive experience with family therapy, and this was discussed in conventional terms. She was invited to present it at the Seminars at a later date so that it could be considered from a transactional point of view.

October 9 & 30. Franklin Ernst: "A Therapy Group in Private Practice." (Tape).

This group has been presented at intervals since January, 1962. (See TAB No. 2 & No. 3). In its present phase of development, it meets the four principle criteria for a true transactional analysis group: (1) A transactional rather than a descriptive view of the patients; (2) An ongoing therapeutic plan for each patient; (3) A bilateral contractual obligation between patient and therapist; (4) An actionistic approach to therapy.

(1) The brief preliminary transactional description of each patient was not only more cogent and enlightening than the usual clinical data (e.g., "A 37 year old Roman Catholic schizophrenic, the third of four siblings," etc. etc.) but was highly economical of time and effort, and enabled the audience to predict and understand what took place during the session. E described T as playing Ain't It Awful, and T could then be recognized on the tape; he described R as playing See What You Made Me Do, and R emerged from the tape as a socially operating individual. The factors in the backgrounds of T and R which were of immediate clinical significance could be deduced from their transactional behavior toward other members of the group.

(2) E stated clearly what he planned to do for each patient at that particular meeting, so that the audience could judge how successful he was, which factors in the patient's personality interfered with the ongoing plan, and where the next point of attack should be.

(3) R wanted E to go to court in support of his claim for accident indemnity. E refused on the grounds that this was not part of his contract, and would interfere with the therapy. He could not be maximally effective both as a therapist and as a witness.

(4) In the case of H, E took a similar position; he would be very reluctant to write a report for the purpose of prolonging H's pension. The question was rather what prevented H from giving up his pension and going to work. H tried to evade this issue, but E confronted him repeatedly until H's maneuvers were clearly thrown into focus as evasions. Thus E made it clear that he would be more impressed by action (going to work) than by talk from H. Specifically, E wanted to know the origin of H's need for a pension. The other patients clearly understood E's aim and were interested in H's evasiveness.

October 23 & November 6. Ray Poindexter: "Industrial Psychiatry."

P presented some of the games played by a group of executives in an industrial organization. Among them were Look How Hard I've Tried (when will they appreciate me), If It Weren't For Them (I could do my job properly), and Ain't It Awful (there's too much work, or not enough work). What would be the most desirable contribution that a consultant could make to such a group? Initially a straight didactic presentation of structural analysis seemed indicated, using local examples, in order to hook their Adults. This might lead into an objective discussion of their games. R. Goulding clarified the difference between group work and group therapy. The Seminar felt that P should avoid "group therapy." In any case, the first step was to clarify P's contract with the organization.

November 13. Sanvel Klein: "An Out-Patient Therapy Group." (Tape).

K presented the first meeting of a group in a clinic. The Seminar suggested: "Don't tell us about the patients, we'll tell you." By listening to the games and pastimes, it was possible to infer the nature of some of the patients' difficulties and to predict the course of the proceedings.

November 20. Paul McCormick: "Jobs for Juvenile Offenders."

M read a paper designed for presentation at Service Club luncheons and other lay gatherings. Juvenile offenders are discussed in structural terms after a brief, apt, and cogent introduction to ego states. The Seminars, in Martian fashion, discussed first M's purpose, attitude, and delivery, and their probable effects on his lay audience, and then the content of his paper.

November 27. Eric Berne: "Second Meeting of a Private Therapy Group." (Tape).

B tried to clarify the script of each member insofar as it was possible from the material available. The object was to predict the course of therapy in script terms so that the members could take up right now at the point they would not otherwise have reached until after several months or years in the group. This aborted such games as See How Hard I've Tried.

December 4. Carl May & David Myers: "Planning a Documentary Film."

M & M, whose documentary on delinquent boys, "Ask Me, Don't Tell Me," won the Golden Gate prize at the San Francisco International Film Festival in 1960, are planning a film about "delinquent" girls. They came to the Seminar for "ideas."

December 11. Joint Meeting with the Society for the Scientific Study of Human Behavior: "Changing Concepts of Psychic Illness and Health."

This was a symposium including an existential psychologist (A. Burton), a psychoanalyst (J. Solomon), a sociologist (W. McCord), and a transactional analyst (E. Berne). The proceedings were taped by KPFA, an FM Radio Station.

December 18. Carl May & David Myers: "Ask Me, Don't Tell Me." (Documentary film).

This is the first time a film has been shown at the Seminars. The members were moved even from the most hard-boiled and skeptical initial attitudes to applaud both May's work with boy gangs and Myers' editing and cinematography.

EDITORIAL

ORGANIZATIONAL HISTORY OF THE SFSPS

This issue marks the fifth anniversary of the Seminars. During this period we have developed in two ways: culturally and organizationally. The rapid evolution of a fairly distinct culture in such a brief interval should be of both theoretical and practical interest to anthropologists, but an account of that can wait for some more opportune moment—perhaps when we have some anthropologists among our membership. The present indications are that we are going to survive. The fact that we are beginning to get in people's way and that one eminent gentleman even proposes to "eradicate" us as "weeds that blemish his creation" (S. R. Slavson, Acta psychother. 10: 62-73, 1962) is from a group dynamic point of view a healthy sign. If we do survive, some people in the future as well as in the present might wonder where we came from. The following is a brief answer to that question from an administrative point of view.

In the middle 50's there was an active group therapy program at Mount Zion Hospital in San Francisco under the supervision of E. Berne, with the collaboration of M. Steiner. This included a weekly seminar open to the professional public. Mrs. Gene Prescott, a psychologist with the San Francisco Health Department, mentioned that several of her colleagues would like to attend such a seminar if it could be given after working hours. Dr. Berne accepted this proposal, but Dr. Steiner was unable to give the additional time. The first meeting was held at Dr. Berne's office on February 18, 1958, with six people attending: Mrs. Prescott, Sanford Harris, Viola Litt, Florence Powers, Leslie Waldo, and Adeline Nuszbaum. By the fourth meeting, the group had grown to 13, and six months later more than 40 people were on the roll. A private practitioner, Dr. R. J. Starrels, was the first to request individual supervision in transactional analysis.

By the middle of 1959, the meetings were becoming unwieldy in two ways: first, large numbers of people were crowding into the small quarters; and secondly, newcomers with little knowledge of the subject were mingled with more sophisticated people who had been attending the meetings for a long time. It was reluctantly decided that some form of organization was necessary, and the proceedings were split into an introductory course, and an advanced seminar to which only people who had completed the introductory course would be admitted. The title of the organization was carefully chosen to avoid pretentious words like "Institute" and "Society." The first introductory course (called 101 at the suggestion of Dr. Gordon Gritter) ran for ten weeks, starting September 29, 1959. Notices were sent out to local clinics and agencies, and a crowd of newcomers, together with the regular members, covered every square foot of seating space, including a stack of camp-stools which had been foresightedly purchased.

For the first time in the history of the Seminars, it was now necessary to make financial arrangements. A charter was granted by the State of California and we became a non-profit educational corporation in May, 1960. The incorporators were Dr. Starrels, Miss Litt, Barbara Rosenfeld, and Dr. Berne. Up to that time, we had managed to absorb all our finances by adopting George, a Cretan orphan, through the Foster Parents Plan. As time passed, there were more and more people to keep in touch with, and some regular way of doing that became almost imperative. This led to the inauguration of the Bulletin in January, 1962. In order to be able to receive donations, one more step was necessary, and in September, 1962, we were certified by the Bureau of Internal Revenue as a "tax-deductible" educational organization.

E. B.

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Name Index

Adis-Castro, G. 37
Belmont, J. 3,19
Berne, E. 3,7,8,10,12 20,23,31,32
Birnbaum, R. M. 3,8,12,35
Boyce, M. 3
Burton, A. 19
Concannon, J. P. 19,20,21,31
Crook, G. H. 25
Dent, H. 3
Eazell, D. E. 35
Ernst, F. 3,7,19,31,32
Everts, K. 3,7,32
Galewski, J. 3
George (Orphan) 4,14,26,38
Haiberg, G. 3
Horowitz, M. 8
Jackson, J. 25
Kupfer, D. 9,33
Matson, F. 3,20,32
McCormick, P. 9,31
Olson, J. 19,24
Poindexter, W. R. 3,12,19,22,31
Rosenfeld, B. 12,37
Sagan, G. 20
St. Cyr, C. (pseudonym) 37
Schmalle, G. 31
Steiner, C. 36

Subject Index

Annual meeting, 4,38
Child, dying, 13
rearing, 33
suicidal, 23
Clientism, chronic, 35
Costa Rica, 37
Depression, 20
Despair, 20
Educational activities, 4,15,27,39
Existential analysis, 19
Family intimacy, 25
therapy, 7,31,32
Games, adolescent, 8,24
constructive, 3
institutional, 12
"Rehab," 35
schizophrenia, 20
"Take Me as I Am," 7
Getting Fired, 3
Gestalt therapy, 20
Group therapy, alcoholics, 20
in a rut, 8
patients on leave, 3,19
prisoners, 3,31
private practice, 3,7,8,19, 31,32
results of, 31
short term, 31
teaching, 11
termination, 3
transactional, 9
Heroin addiction, 32
Illustrative situation, 13
Interventions, classification, 32
Institute for Family Neurosis Research, 25
"In treatment," 10
Leader, identity of, 31
Living problem, 23,37
Los Angeles, 25,37
Marijuana, 32
Martian approach, 31
Medical Group Psychoanalysts, 37
Mentally retarded, 3
Narcotics addicts, 32
"No Exit" Revisited, 36
Obesity, 11
Obituary, 25
Observer, effect of, 36
Organizational news, 4,14,26,38
Paranoid, treatment of, 21
Payroll checks, 22
Personals, 4,14,26,38
Positions, classification of, 23
Probation interview, 9
Rehabilitation, 3
Relief clients, 3,8
Research, 13
Stroking, 9,36
Structural analysis, 33
Sweden, 37
Tokyo Taxi, 23
Terminology, 24
Therapeutic community, 3

NEWS

COSTA RICA

Dr. Gonzales Adis-Castro reports that several members of the professional staff of the Asilo Chapui in San Jose are meeting regularly for a systematic study of the literature on transactional analysis.

OREGON

Dr. Robert Goulding reports considerable activity in Oregon. At the V.A. Hospital in Roseburg, he has conducted a continuous seminar since early spring 1962, primarily for nurses, some of whom are now using transactional principles in their dealings with staff and patients. A transactional marital group has been started in the out-patient clinic. He also conducted a short series for the medical staff, assisted by a one-day workshop with E. Berne. In addition there is a weekly seminar for the Intergroup Agency of Douglas County, comprising about 50 professional workers. One seminar held at Medford for the professional workers of that area aroused sufficient interest so that this group plans to hold additional seminars on their own, using the text for study, with occasional guidance from Dr. Goulding.

TEHACHAPI

William Collins is using transactional analysis at the California Rehabilitation Center. Some men refer to the Parent-Adult-Child diagram as Peaches And Cream.

ANNUAL MEETING

The Annual Business Meeting of the San Francisco Social Psychiatry Seminars, Inc., was held on Tuesday, October 16, 1962, at 1200 Washington Street, San Francisco, following the regular scientific session. Some proposed changes in the Constitution and By-Laws were discussed, principally the establishment of Affiliate Membership for qualified people attending study groups outside the Bay Area. The newly elected Board of Directors is listed on the inside front cover of this issue. The incumbent slate of officers was re-elected as follows: Eric Berne, President of the Corporation and Chairman of the Seminars (both titles are necessary for administrative and taxation reasons); Franklin Ernst, Vice-President; Viola Litt, Secretary-treasurer; Melvin Boyce, Parliamentarian. Following these formalities, the meeting adjourned for an informal field trip.

A LIVING PROBLEM

"Putting Pants On Animals"

Cyprian St. Cyr

The secretary of an organization which opposed nakedness in animals justified his profession as follows:

1. His parents were moral people, and encouraged him to encourage morality. If nakedness is wicked for human beings, why is it all right for animals? Clothing animals makes them happier and less ashamed. Animals **want** clothing, but do not know how to ask for it. Thousands of people agree with this viewpoint, so it must be worthwhile.

2. From a rational standpoint, clothing helps to keep animals warm, and they need that as much as people do. His job is intellectually challenging, since he learns a lot about both human and animal psychology. Thus he earns a good living doing work which is socially useful and which interests him.

3. At a more archaic level, there are many satisfactions in his work, including sublimated sexual gratifications.

After he had thus ably stated his case, the secretary asked: "And now tell me why you are a psychotherapist, and why you think, as you obviously do, that psychotherapy is a more worthy pursuit than putting pants on animals?"

ORGANIZATIONAL NEWS

Transactional Analysis Bulletin, Supplement #1, has been published for the benefit of those teaching this subject clinically or academically. It is entitled **Outline For An Introductory Course In Transactional Analysis and Social Dynamics.** The first edition is 13 pages in mimeograph, interleaved with blank foolscap pages for instructors' notes, giving topical headings for a course of eight lectures. So far the demand has been satisfactory. Subscriptions at $2.00 may be sent to Transactional Analysis Bulletin, P. O. Box 5747, Carmel, California.

ANNUAL MEETING

The report of the Annual Meeting of the San Francisco Social Psychiatry Seminars, Inc., will be found elsewhere in this issue.

CONTRIBUTIONS DEDUCTIBLE

The non-profit status of the Seminars has now been officially certified by the Bureau of Internal Revenue in San Francisco, and contributions are deductible from both Federal and State income taxes.

Donation

We have received a donation of $500 from the David Tyson Foundation, Inc., which will pay part of the expenses of the Bulletin for the coming year. The Board of Directors have tendered their thanks to the Foundation, which is a private trust established by Mr. and Mrs. James Tyson.

PERSONALS

Claude and Ursula Steiner have a baby daughter, born by natural childbirth, which was a novelty in their section of Michigan. Claude reports that at the age of 11 days their daughter Noemi already showed signs of developing an Adult, from which our members concluded that at this tender age Claude was already showing signs of being a fond Parent.

Barbara Rosenfeld returned to California for the Christmas holidays, and visited the last seminar of the year. This was a most happy occasion for all those who had known her formerly and for the relatively new members who had the opportunity to meet her for the first time. There was an appropriate celebration at a field trip following the seminar.

Jacqui Olsen is having an enjoyable and complicated time trying to introduce transactional analysis at William & Mary College in Virginia.

Ken Everts was the host at the graduation party for 101 on December 5, with Frances Matson and Viola Litt assisting. His beautiful house high up in the Berkeley Hills was admirably equipped for such an occasion, with every imaginable kind of recording available.

George
(Our sponsored orphan in Crete)

George goes barefoot in summer to save his shoes and hurt himself on a rusty nail and was confined to his bed. He is now up and about and enjoys swimming. Times are hard because there is no employment in his district.

NOW IS THE TIME TO RENEW YOUR MEMBERSHIP FOR 1963
JUST PUT YOUR CHECK IN AN ENVELOPE AND MAIL TO TAB,
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EDUCATIONAL ACTIVITIES

Course 202, Applied Social Dynamics, will resume meeting every Tuesday evening at 8:30 p.m. starting January 15, 1963 at the office of Eric Berne, M.D., 1200 Washington Street in San Francisco. Qualified visitors are welcome. It is suggested that they check in advance by telephone, PRospect 6-4256, and they are requested not to arrive before 8:20 p.m.

The proceedings for the past quarter are abstracted in this issue of the Bulletin. During the Winter Quarter, it is anticipated that therapy groups from private practice and from various Bay Area clinics, hospitals, and institutions will be presented for transactional and game analysis, interspersed with special lectures and didactic-clinical discussions. The progress of the projected movie on juvenile delinquency will also be reviewed from time to time.

Introductory Course

The next introductory course will be offered starting February 13, 1963, open to those with a degree in the medical or social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university or college. A Certificate of Completion will be issued on request.

101. Introductory Social Dynamics. A theoretical introduction to group dynamics and transactional analysis. Wednesday evenings at 8:30. Eight meetings, February 13 - April 3. Fee $40. Instructor: Dr. Berne.

The course will meet at the office of Eric Berne, M.D., 1200 Washington Street, in San Francisco. The office opens at 8:20 p.m.

For enrollment, write or call the Secretary, Viola Litt, 529-28th Street, San Francisco 14, telephone MIssion 8-7046 or PRospect 6-1300.

101J

The ninth presentation of the Course in Introductory Social Dynamics ran for eight weeks, from October 10 to November 28. There were twenty enrollees, including psychiatrists, residents, psychiatric social workers, psychiatric nurses, and correctional workers. A special feature was a delegation of students from the Rehabilitation program at San Francisco State College, marking the first attempt to teach undergraduates at the Seminars, although transactional analysis is being taught in some programs at the College itself. It is becoming evident that the course is too concentrated for such a mixed audience, and an attempt will be made to remedy this at the next offering in February.

EXTRAMURAL TEACHING

During the past quarter, regular teaching continued at Langley-Porter Clinic, California Medical Facility, Mendocino, DeWitt and Stockton State Hospitals, and the V.A. Hospital at Roseburg, Oregon. There was also a series of six lectures on transactional analysis for the staff of the Child Guidance Clinic and the Child Development Center at Children's Hospital. The weekly teaching of transactional group therapy at McAuley Clinic is proceeding as planned. Besides the staff of the clinic, there have been several visitors attending regularly, including Gertrude Saxton from Children's Hospital and Gene Sagan from Berkeley.

The Seminars

The San Francisco Social Psychiatry Seminars function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and educators. The teaching is primarily oriented toward group therapy and group work based on transactional analysis. Research in social dynamics is carried on as funds become available. Since there is no endowment, the Seminars, now in their sixth year, have been almost entirely supported from tuition fees. Contributions are always welcome.

The Seminars are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. In certain cases, well-recommended undergraduates are eligible to attend. Professional workers are always welcome to visit the permanent clinical seminar (Course No. 202) which runs all year round, and can become Active Members, if otherwise eligible, on completion of the Introductory Course or its equivalent.

Active members who leave the San Francisco area or for other reasons cannot continue regular attendance are invited to become Members At Large ($10 per year, or $5 per year for students). They will receive the Bulletin and retain their attendance and voting privileges.

Professional workers who wish to receive the Bulletin and have the privilege of attending the Seminars whenever they are in San Francisco may become Associate Members ($5 per year). Subscriptions to the Bulletin are available to institutions and libraries at $3 per year.

The Seminars meet in mid-week at 1200 Washington Street, San Francisco. Correspondence regarding attendance should be addressed to the Secretary, San Francisco Social Psychiatry Seminars, 529 - 28th Street, San Francisco 14. Those desiring mail membership (At Large or Associate) may fill in the coupon below.

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SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS
FOR THE STUDY OF TRANSACTIONAL ANALYSIS
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A NON-PROFIT EDUCATIONAL CORPORATION

TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 2 APRIL, 1963 NUMBER 6

Page

SCIENTIFIC PROCEEDINGS
WINTER QUARTER, 1963 - - - - - - - - 55

SOCIAL DYNAMICS
ADOLESCENT OFFENDERS - - - - - - - - 57
P. McCormick

CLINICAL NOTES
GAMES PLAYED BY ALCOHOLICS - - - - - - 58
R. L. Goulding

DESTINY & SCRIPT CHOICES - - - - - - - 59
G. Haiberg, W. R. Sefness, and E. Berne

NARCOTIC ADDICTS - - - - - - - - - 60
W. Collins

BIBLIOGRAPHY - - - - - - - - - 61

ABSTRACT
PRISON THERAPY GROUPS - - - - - - - - 62
F. H. Ernst

A LIVING PROBLEM - - - - - - - - - 62
C. St. Cyr

INTRODUCTORY COURSE COMPLETED - - - - - 63

NEWS: WYOMING & LOS ANGELES - - - - - - 64

ORGANIZATIONAL NEWS - - - - - - - - 66

EDUCATIONAL ACTIVITIES - - - - - - - - 67

TRANSACTIONAL ANALYSIS BULLETIN

Published Quarterly by

THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

A NON-PROFIT EDUCATIONAL CORPORATION

VOLUME 2 APRIL 1963 NUMBER 6

The Transactional Analysis Bulletin will be published quarterly to keep active members, members at large, associate members, former students, and other interested parties current with the scientific, educational, organizational and personal activities of the San Francisco Social Psychiatry Seminars. Subscriptions are solicited from institutions and libraries at $3 per year (U.K. 18/-). All funds received from associate memberships and subscriptions will be devoted to continuing and enlarging the Bulletin until it becomes possible to publish selected articles without the necessity for undue abbreviation. Subscriptions, enquiries, exchanges, and financial contributions should be addressed to The Transactional Analysis Bulletin, P. O. Box 5747, Carmel, California.

Contributors

Short summaries of newly discovered transactional games or other original observations, brief accounts of clinical, scientific, or teaching activities, letters to the editor, or personal and organizational notes should be addressed to the Editor, Transactional Analysis Bulletin, at the above address. Such contributions are encouraged as the best way for members in various parts of the country to keep in touch with each other.

Advertising

Rates for classified and display advertising will be submitted on request. The Bulletin reaches a select audience of professional people in the San Francisco Bay Area and other parts of the country.

Editorial and Circulation Assistant, Mary N. Williams

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SCIENTIFIC PROCEEDINGS

WINTER QUARTER — ADVANCED SEMINAR - 202 - JANUARY — MARCH 1963

The abstracts below are written for professional readers who are assumed to be familiar with the basic principles and terminology of transactional analysis.

January 15. William Collins: "Correctional Treatment of Narcotic Addicts." (Tape). **See Page 60.**

January 22. Paul McCormick: "Preparing for Group Work with Adolescent Offenders." **See Page 57.**

January 29. H. N. Courland: "Clinical Hypnosis."

C, a visitor to the seminars, described the induction and theory of hypnosis in conventional terms. These were easily translated into transactional language. A demonstration of induction revealed the hypnotist as a maternal Parent. The transactional hypnotist was therefore the hypnotist's mother. The subject confirmed the complaint cathexis of his Child ego state. Whether or not he followed the post-hypnotic suggestion was a game decision if his Adult took over, or an act of compliance if he allowed his Child to follow the suggestion.

February 5. Frances Matson: "Games of Narcotics Addicts -- The Connection."

M described a narcotics addict in private practice who first tried to get her to play rescuer ("I'm Only Trying To Help You"), and when she declined attempted successively to induce her to play patsy and persecutor. After she aborted all three attempts, they were able to face the issues squarely and productive therapy could begin. If the therapist's position is not made clear in this way at the very first interview, the situation is highly unfavorable. In effect the addict tries to make the therapist a "connection" preferably for heroin, failing that for substitute drugs, and failing that for "therapeutic" games. Unless all three are refused, constructive treatment cannot begin. Similar considerations may apply to other types of patients as well, particularly "Alcoholics."

February 12. Eric Berne: "A Schizoid Adolescent."

B was in difficulties because be was trying to do two things at once: psychiatric treatment and preventive psychiatry. The problem was how to "treat" an adolescent while at the same time trying to prevent her from becoming pregnant or drug-addicted, both of which were imminent dangers. He could "fink" on her by informing the parents and|or advising institutionalization, in which case the patient would win and probably be permanently lost to therapeutic access. Or he could "chicken out" by calling a family conference (without informing on her) ("Look How Hard I'm Trying"), by "firing" her, or by priggishly advising transfer to another therapist (e.g., "After careful consideration I have decided that she needs a female therapist"); in which case the patient would also win, with similar unfavorable results. With such a hard game player, success depended entirely on B being able to settle things between himself and the patient without calling in outside assistance. The crucial point was why did the patient keep coming; she was aware of that, and carefully refrained from committing herself to a workable answer, since she knew that would end the testing game.

The Seminar felt that in some way B was doing the right thing or the patient would not keep coming. They advised him not to fink out or chicken out, but to sweat it out until he discovered what he was doing right. He agreed, since

otherwise he would not learn anything and would have wasted the time he had invested in the case. Furthermore, if he did not sweat it out, he could never again advise anyone else to sweat it out, but could only add to the general panic pervading the therapy of adolescents.

Follow-up: The patient is now arguing the advantages of being crazy and the disadvantages of getting better. She is willing to listen to the therapist's counter-arguments, poor though they are.

February 19. Eric Berne: "A Game of Good Housekeeping."

B presented a fifth session in family therapy which started out as a game of Court-Room ("She is supposed to wash the dishes but"). By meticulous enquiry into details, two family games were dissected out: "Let's Make Mother (Daughter) Sorry" and "Now I've Got You Father (Daughter)". The mother soon perceived that she had learned this game at her own mother's knee. Guilt, anger, and martyrdom tussles between mother and daughter, and There You Go Again pouncing between father and daughter were all based on the position "We are not-OK unless we have instant dishwashing." When the mother was able to shift (without prompting) to "We can be OK -- even with dilatory dishwashing," she discovered that being friends with her daughter was more fun than playing "Let's Make Daughter Sorry." Furthermore the dishes got washed faster. The teen-age daughter was much more aware that games were being played than her parents were, and laughingly and willingly abandoned them when her parents stopped bugging her. Comfortable geniality was established all round.

February 26. G. Haiberg, W. R. Sefness, & E. Berne: "Destiny and Script Choices." **See Page 59.**

March 5. Pat Jiminez: "Group Work with the Aged."

J supervised student nurses in group work with the aged as part of their psychiatric training. Normally the men, ranging in age from 40 to 100, rarely speak to each other "because if you get involved the other fellow (sic) might die." There were occasional pastimes (reminiscent forms of General Motors, PTA, etc.) but they avoided all games except a mild form of "Alcoholic." In this setting they shied away from the groups until they found that pastimes were OK there too and they need not become involved in games. Transactionally, these were all men who had completed their scripts and were waiting patiently for Santa Claus and felt no need of further social action. They had done what their parents told them to and the tranquillity of the old people's home was their just reward, a temporary limbo in which they could wait for Santa Claus -- death. Some of them liked to exhibit their diplomas (expired union cards, for example). They probably avoided seeing the attractive young nurses as women. When a member of the group died, the men treated it as a news item. The students became anxious and attributed the men's matter of fact attitude to "denial."

This was a pastime situation for the students also. Since they were not graded on their work, there was no incentive to play games. There was no way in which either the supervisor, the students, or the men could exploit the situation to get fired. Hence there was no opportunity for brink or alibi games. Thus while there were no payoffs, everybody could get some mild pastime enjoyment from the situation. Since J presented the material transactionally, a clear picture, free of irrelevancies, emerged relatively rapidly, leaving ample time for pertinent discussion.

March 12 & 19. Franklin Ernst: "Group Treatment in a Prison." (Tapes).

E abandoned "group therapy" (support, encouragement, sharing, togetherness, helpfulness and "expression of feeling") in favor of group treatment

(psychiatric prevention of criminal behavior). The result was a tighter and more direct approach, with proceedings seemingly more productive than the usual "Ain't It Awful," "You Gotta Listen," and "How Do I Get Out Of Here" of conventional prison "therapy" groups. Examples:

(a) Following his usual custom, he read to the group the report he was submitting to the parole board regarding inmate G. Inmate F asked: "How do we know that's what you're actually going to submit?" E replied: "Why are you butting in? Your report won't come up for at least two years." This abruptly aborted F's obvious attempt to initiate "Let's You And Him Fight." (b) When E asked J in proper context: "So which do you prefer, sex or heroin?" and did not give Parental indications of which was the "right" answer, J complained: "You're trying to trick me," a complaint he could not support. In general, authentic replies from E were labelled "tricks" by the inmates; this therapist really wanted to cure them, and refused to play "group therapy" according to the rules they had learned from others. He refused cliché bait like "participation," "my father," and "reject" in favor of finding out what they were really up to. (c) If they got into treatment, they might not get out until they were better; with "group therapy" they might get a fast gold star for the parole board. Worse than that, they feared that if they were cured they would not be able to get into prison again when the outside world became too difficult.

SOCIAL DYNAMICS

PREPARING FOR GROUP WORK WITH ADOLESCENT OFFENDERS

Paul McCormick

A probation officer whose main duty is finding jobs for teen-age offenders wants to develop better job candidates by using transactional analysis in group therapy. His contract with the County requires him to try to rehabilitate probationers and to report their law violations. How can he be an employment specialist, a therapist, and a law enforcer, all for the same group?

First he can describe his three duties to the group and allot a portion of each session to job-placement talk. The therapy portion will always be contaminated by the conduct-surveillance function, necessitating a compromise. The PO's conscience must dictate the extent but not the nature of the compromise. Confidentiality cannot be guaranteed.

The Seminar's answers to other specific questions: (1) A volunteer group would probably include too many players of the same kind of obsequious game. (2) Compulsory attendance would not ensure success in treatment. (3) Written records of the sessions could distract the therapist from a group member's current condition. (4) Race should probably be considered in selecting members because a disproportionate number of a racial minority in the group could unite in game-like behavior, and the therapist would be left with few allies in analyzing these transactions.

The PO's Parent, inclined to prove "they don't want to get better" by providing sound advice, and the PO's Child, fond of "we're all in this together" assurances, will have to yield to the scientifically grounded, unsentimental Adult, and to the observations of the alert Professor (the Child's Adult).

CLINICAL NOTES

GAMES PLAYED BY ALCOHOLICS

Robert L. Goulding

During the past year the writer has treated approximately 50 alcoholics in groups. Some of these have been in with their wives or husbands, some have been in mixed groups, and some have been in special "alcoholic" groups.

All have been exposed to Alcoholics Anonymous, and have had primary control of their drinking through that organization. Some have been looking for further understanding of their problems; others have not been able to control their drinking completely with AA, and are looking for further help. Game analysis has been systematically used, and some results are given in the following illustrations.

In one couple the wife was the alcoholic, who would start to drink when her husband was away working at night for long periods. He would then return to the home, take care of her in a Parent-Child manner, doing the housework and the laundry (and enjoying the role of Mother), until she was sober. He would then go back to working nights, and after a short time she would start drinking again. Once they had analysed and understood the game, they succeeded in finding another kind of relationship. She has been sober for over a year, and they are developing new intimacy without resorting to game playing.

The husband in another couple was noted in the group to start little games of Uproar, then sit back and chuckle in the manner of a Spectator. As he became aware of the game in the group, he was able to understand how he started Uproar at home, which led to his wife's drinking and becoming a Comedienne. As their social control increased at home, they were able to understand how the game prevented sexual intimacy. They were then able to work directly on the problems of sexual intimacy, which involved incest fantasies on her part. She has been sober for well over a year; her periods of panic prior to intercourse have ceased; their Adults are still working on the mutual sexual problems; he still plays Courtroom at her instigation, but both are able to see it before the game gets too serious, so that they can abort it.

Another patient who had been drinking for 17 years had worked with AA but had not been able to control his alcoholism. He was finally hospitalized. During the first six months of group therapy, during which he was given a chance to drink while out on passes, it became evident that the drinking covered an underlying depression. He had a stern and severe Parent who was constantly chastising his Child. Alcohol anaesthetized the Parent, giving the patient temporary relief, but the Parent would always return the next day; the patient would then beat his hands against the wall, twice breaking bones, or suffering in other ways. After his game was finally understood as a defense against the depression, he began to drink less and to handle the depression directly, so that he has now been sober for several months.

These examples indicate that the cessation of game-playing by "alcoholics" allows the underlying problems to emerge more clearly so that the patient can cope with them more directly.

DESTINY AND SCRIPT CHOICES

Gordon Haiberg, W. R. Sefness, and Eric Berne

An unknown patient, Andri, telephoned for an emergency appointment after hours. Once alone with the doctor, he said that he had come "to kill a psychiatrist." He had been isolated for combativeness in several state hospitals, diagnosed paranoid schizophrenia. The doctor said his job was to get people better. Andri, with great agitation, retreated to a far corner of the room to discuss it. The doctor said the first step would be to get a job so he could pay for his treatment. He asked Andri if he could stop acting oddly during working hours and act oddly on his own time. The patient said he thought that was possible. Another appointment was arranged. That night the patient committed suicide.

The hospital records were reviewed at the Seminar. They corroborated the patient's story. In his outside employment he had been more subtly aggressive and defiant, and physically destructive of machinery "accidentally." He had once written his hospital doctor saying that his favorite song was about the dying cowboy from Laredo.

In script terms, each individual has four destiny choices in ordinary civil life, corresponding to the four basic positions*:

(1) Getting better (staying well) (I OK, You OK)

(2) Getting rid of people (homicide) (I OK, You not-OK)

(3) Psychósis or criminality (institutionalization or melancholic suicide) (I not-OK, You OK)

(4) Despairing self-destruction (futility suicide) (I not-OK, You not-OK)

Andri's first choice was (2) to kill. The doctor succeeded in warding this off by offering (1) get better, and sounding business-like about it. He then boxed out (3) "going crazy." After the interview, Andri, deprived of (2) and (3), did not think he would make it on (1) and therefore was left with only despair (4). A fifth alternative is the non-choice of (5) continuing the same old games.

Andri's script followed the classical dramatic scheme* (Aristotle, Freytag) with complete fidelity. First he played and tested his games with rising intensity (5). His visit to the doctor was the climax. Deprived of (2) and (3), the action fell with his temporary acceptance of (1). Then came the catastrophe (4). The Seminar meeting itself was the threnody.

The clinical problem was how to recognize the patient's script (the dying cowboy) in the mass of material he presents, and how seriously to take it. This is more easily done by hindsight than by foresight. If it is recognized, what can be done about it? The best way to recognize it is to look for it. When it is found, the patient should be told about the five alternatives in language his Child can understand (since the Child is the master of his destiny): (1) "Get better" (2) "Get rid of people" (3) "Go crazy" (4) "Knock yourself off" and (5) "Play the same old games." Only by a clear understanding between the patient's Child and his Adult can the march towards doom sometimes be reversed by the Adult taking control.

An interesting facet of Andri's case was his preparation for a tragic climax. Before coming to see the doctor, when his employment was terminated, he had given away nearly all his money to his co-workers, of whom all but one were taken in by his "generosity." When this one rebuked the others, they returned the money. The technical problem of the doctor during the interview was also of some interest. He knew that if he said anything to Andri that reminded him of his father, he might get involved in a rather critical physical struggle. At the same time, he had no information whatever about Andri's father, nor was it

* "Classification of Positions." TAB 1: 23, July, 1962.

* Transactional Analysis in Psychotherapy (Berne), p. 117.

wise nor even useful to ask. He was thus involved in a high stake poker game where all his cards were face up and all of his opponent's were face down. The only actual conflict occurred when the doctor opened a window so that he might at least have a chance to call for help. Andri immediately walked over and closed it, saying that he did not like street noises. Here they accepted each other's actions in a friendly objective way for what they were: moves in an interesting if deadly game.

Many psychiatrists have probably had similar experiences, some of which may have ended less tragically. The outcome of this one depended on the patient's script, and stresses the importance of developing script analysis, since conventional clinical knowledge is largely irrelevant in such urgent confrontations with ambulatory patients.

THE TREATMENT OF NARCOTIC ADDICTS IN A CORRECTIONAL SETTING

William Collins (Tape)

The new California Rehabilitation Center has a mandatory three year parole program as follow-up supervision to the treatment program for addicts. Those committed are not felons, but civil commitments, held for an indeterminate period. This program offers a rare opportunity to discover more about drug-users and their games. A tape-recording of one of the writer's therapy groups at the Centre illustrated this.

Using the transactional analytic approach it is still difficult to hook an addict's Adult and thereby encourage more meaningful transactions. This is partly due to the Child "gimmick" of being bored with life in general, including normal family relationships and relationships with those in the role of "rescuers," be they clergy, therapists or Narcotics Anonymous members. On the tape, the addicts sounded "bored." They supported each others' phlegmatism with statements like "You know, man . . ." "Yeah I know," or other statements aimed at supporting an individual's lazy Child without demanding anything of the Adult. The Seminar felt that this was a rather subtle game of "Uproar," and that a therapist had the responsibility of shocking such patients occasionally. It was suggested that addict-patients actually do not want to stop using drugs; further, that some are probably continuing to use them even in the institution.

There are some special points to be kept in mind in working with such people:

1. They should not be looked at as being merely "addicts" any more than one would deal with an alchoholic on the basis that his alcoholism was the problem.

2. They are game players. Many are "Cops and Robbers" players whose addiction is merely one form of getting away with something, until the need to be caught over-rides the physio-psychological satisfaction obtained from drugs.

3. It is difficult to treat an addict group because all members of the circle are playing the same game, or variations thereof. To illustrate, an individual may speak of a particular relationship with a drug-providing "connection," or the manner in which he used a wife or mother as a "Patsy." The other men in the group immediately laugh, nod their heads, or give some other indication of understanding. It is only the therapist's urging to dissect out the individual's Adult and evaluate the transactions and relationships more clearly that brings the members to examine their behavior. Their reluctance may again be part of their "bored" attitude.

BIBLIOGRAPHY

"The Structure and Dynamics of Organizations and Groups" was published in February by Lippincott, and is now available in the bookshops. (See advertisement, p. 63) The tentative title "The Therapy of Ailing Groups" was abandoned because of its ambiguity, and the original title, as above, was restored. Until this publication there was no literature available on the transactional theory of group dynamics, which was so often used at the Seminars in analysing administrative situations. These problems, which up to now have been handled by a kind of "oral tradition," can henceforth be formally considered with full knowledge by those who study the book. This publication also closes the main gap in the Teaching Outline (TAB Supplement #1), since it gives the information necessary for Lecture #5.

Grove Press reports that the book on games, "Games People Play," will not be published until the fall. When this book appears, it will fill in more detail for Lectures #3 & #4 of the Outline.

Thomas Szasz in "The Myth of Mental Illness" (1961) talks about the games played by psychiatric patients. The application of transactional game theory to specific psychiatric disorders was developed at the Seminars between 1958 and 1960, and was formally enunciated there in June 1960 in Course 103, "The Psychopathology of Schizophrenia," which ran for six lectures. The essential key to understanding clinical games is structural analysis, and without a clear definition of ego states attempts to deal with games remain tentative and unconvincing. The same applies to "transactional therapy" as promulgated (without structural analysis) by Grinker's group in Chicago. The first "outsider" to recognize the importance of structural analysis in analysing transactions and games was R. H. Gundlach in "Group Psychotherapy: New Clinical and Experimental Approches." **Progress in Clinical Psychology** 4: 149-168 (Grune & Stratton, New York, 1960).

S. R. Slavson's determination to eradicate transactional analysis (along with existential analysis and "contractural" group therapy) was mentioned in our last issue.

Franklin Ernst's article, "Use of Transactional Analysis in Prison Therapy Groups," is abstracted on the next page.

There is some interest on the part of educators in doing research on "classroom" games. One proposal is to use both mathematical and transactional game theory. Transactional analysts desiring to became familiar with the mathematical theory of games might consult R. D. Luce & H. Raiffa, **Games and Decisions,** John Wiley & Sons, New York, 1957. (See TAB 1:24, July. 1962).

Transactional Analysis Bulletin, Supplement #1, has been published for the benefit of those teaching this subject clinically or academically. It is entitled **Outline For An Introductory Course In Transactional Analysis and Social Dynamics.** The first edition is 13 pages in mimeograph, interleaved with blank foolscap pages for instructors' notes, giving topical headings for a course of eight lectures. Subscriptions at $2.00 may be sent to Transactional Analysis Bulletin, P. O. Box 5747, Carmel, California.

ABSTRACT

USE OF TRANSACTIONAL ANALYSIS IN PRISON THERAPY GROUPS

Franklin H. Ernst, M. D.

(Journal of Social Therapy 8: No. 3, 1962).

A brief definition of the prison setting in which the author works is followed by a description of the size, diagnostic composition and frequency of meetings of the psychotherapy groups at the California Medical Facility. Groups in the prison average about twice as many members as is usual (8 to 15 members).

A synopsis of structural analysis and its introduction to the inmate groups is outlined. One of the clinical examples given demonstrates to the reader the functional significance of transactional analysis to the inmate group members when one inmate pointed out appropriately the therapist's parental involvement with a second man.

The contractual element of treating a patient in a prison is discussed. The feature of treating an inmate psychotherapeutically for a specific and agreed upon reason offers both the therapist and other group members additional therapeutic leverage against the advantages derived from "writing phony checks" to the therapist in the group, "embezzling" group time, "strong armed robbery" on the therapist, "till tapping" other members' minds while apparently playing "I'm Only Trying To Help You." An analysis of the "narcotic addict game" is included. The author's conclusions are as follows:

1. Transactional analysis has offered a method of studying group therapy conversations in terms of stimulus-response phenomena.

2. The theoretical framework and interpretive terminology are comprehensible to the inmate-patients and usable by them with the some precision of meaning as used by the therapist.

3. Each man's behavior is viewed and handled by the therapist and the group as a response to a stimulus and as giving him psychological and social advantages.

4. Attendance improved after the transactional analytic method was introduced.

(Author's Abstract)

Reprints available from F. H. Ernst, M. D., 408 Tennessee, Vallejo, California

A LIVING PROBLEM

"THEY ARE ALL KILLING EACH OTHER"

Cyprian St. Cyr

A man with delusions of persecution was asked: "Under what conditions, walking down the street, would you decide that everybody was insane except yourself?" He replied: "If they were all killing each other." That sounds reasonable enough, but leaves room for doubt. For example:

A stranger with a long history of insanity confronts you and says he is going to kill you. On ethical grounds, of course, you object. Give two or more rational grounds on which you could object.

INTRODUCTORY COURSE COMPLETED

WINTER INTRODUCTORY COURSE

Course 101K, Introductory Social Dynamics, began on February 13 and was completed on April 3. There were 33 enrollees, the largest number since the first Introductory Course (101A) in 1959, and about double the usual attendance. We were once more privileged to have two car pools from Stockton commute to San Francisco every Wednesday evening to attend, consisting largely of staff members from Stockton State Hospital. One correctional counsellor commuted each week all the way from Tehachapi near Los Angeles, and another group came from Lafayette. Among other places represented were San Jose State College, San Francisco State College, Oakland City College, University of the Pacific, California Medical Facility, Kaiser Center, Pedregal Center, U. S. Navy & Navy Hospital, Berkeley & Dixon School Districts, San Joaquin, Palo Alto, and the University of California. Professionally, physicians and social workers were the most numerous. There was a gratifying increase in the number of psychologists and sociologists; some of them may go on to the advanced seminar so that their viewpoints can be heard there more frequently. There were also representatives from nursing, music therapy, occupational therapy, recreational therapy, corrections, education, and the ministry.

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by ERIC BERNE, M.D.

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TAB - 4-63

NEWS FROM OUTSIDE

WYOMING

Loyd Breakey, one of our Members At Large, is now Director of the Big Horn Basin Mental Health Center in Cody, Wyoming. He sends us the following informal account of his activities there.

"In this job I find myself as the sole practitioner in the Mental Health field in four counties in Northwestern Wyoming. This area (which includes Yellowstone Park) covers a population of some 44,000 people. Included in this are various people such as artists, petroleum company engineers, troubled housewives and unproductive school children and now and then the troubled cowboy. Would that (the seminars) could come here for some of (their field trips). The nights are long when it is 30 degrees below, however the annual consumption of antifreeze serves its purpose and as far as I know, there were no local deaths from the recent cold weather, indicating, I believe, that the anti-freeze was wisely and adequately used.

"In daily practice I fall back on whatever I believe will be of help in the situation. As the nearest psychiatrist is 120 miles away and in another state, the setting encourages self-sufficiency. I have found structural and transactional analysis to be helpful to a degree which should be very pleasing to you.

"Just before the Center opened here the local populace heard a great deal of (anti-mental health) material and has viewed the proceedings with some skepticism. Twenty miles away, at Powell, I've talked about Ego states to one group of High School teachers. A reputation as a prophet is in direct proportion to the distance from home; at Worland, ninety-two miles away, I have found many eager audiences. Classes have been organized and completed there with a group of A.A.U.W. women, a group of city, county and state employees and six separate groups of teachers, which by administrative fiat, have covered all of the one hundred plus teachers in the school system. I am now carrying the message to all school administrators there and now have hopes that a more effective organization can be carried out at the top where, I believe, it is always a good place to start if one had the necessary leverage and sales ability. The coordinator of Elementary Education there has commented that he can notice a marked difference in the number and nature of problems that teachers are bringing to him this year. There is a marked decrease in their tendency to see students as 'lazy or ornery.' The questions are much better focussed. The use of (transactional analysis) has apparently been effective in getting across the idea that behavior is purposeful and meaningful.

"An Episcopalian minister over in the northeastern corner of our area received an impromptu and gratis lession in transactional analysis in a cocktail lounge one evening. He subsequently became a game watcher and has reported with considerable pleasure, identifying the game of "Pounce."

"I recently had the pleasure of looking over the draft of a book that hopefully will soon be published by Ernst Beier, a psychologist at the University of Utah. Dr. Beier made some very interesting comments

about the way the child learns to communicate and manipulate at a covert level and seemed interested in my pointing out that all he had to do was add a capital letter to child. I understand that Dr. Beier will be appearing on a panel in the near future with you. It is my impression that Dr. Beier has a great deal to offer the field and contacts with two of his students have left me very impressed with what they are doing. While he had not identified Games as such, I think he and his students are past masters at the skill of sensing that a Game is being attempted by the patient and in avoiding the trap.

"The invitation to come "Cowboying" is a standing invitation to you and all the members of the group."

The Seminar members agreed that it would be good if all mental health establishments had such healthy sounding titles as this one. The address is Big Horn Basin Mental Health Center, 715 Sheridan Avenue, Cody, Wyoming, for any transactional analysts who visit Yellowstone or the Custer country.

LOS ANGELES

Dr. Jack Jurasky reports on an administrative experiment he carried out with Dr. James Jackson in an attempt to break up a conventional game of SNAFU at a Mental Health Clinic in North Hollywood. When they began, there was a 1½ year waiting list and the clinic was seeking financial assistance. By instituting some unconventional but effective intake procedures (requesting intake fee in advance, seeing families as a unit), the waiting list was disposed of in one month and the clinic was functioning on a walk-in basis. When these procedures were suspended, the waiting list grew rapidly again and once more the need for additional funds became pressing. Dr. Jurasky interpreted these results to the local press according to game theory. In essence, clinic efficiency is diminished by "I'm Only Trying To Help You" and SNAFU. (See TAB #2, p. 12). Dr. Jurasky declined both games in favor of increased clinic services without increase in funds.

The results were sufficiently impressive for the San Fernando Valley District of the Los Angeles County Medical Association to adopt an official resolution approving further plans for a trial period of one year.

ADOLESCENT GROUPS

Transactional analysis is becoming increasingly popular as an approach with groups of adolescents. The results are particularly interesting with the children of patients who are themselves in transactional groups. Dr. Robert Goulding, of Roseburg, Oregon, and Dr. David Kupfer of Carmel, California, both have groups of this type. One interesting finding, which can be easily verified by any skilful clinician, is that adolescents are much more aware that they are playing games, and what those games are, than was previously thought, and become objective and amused about their own games much more easily than grown-ups do about grown-up games.

A THOUGHT FOR SPRING

"Dissection in the fourteenth century did no more, and was asked to do no more, than verify Avicenna - whom nobody doubted."

— C. Singer, **A Short History of Anatomy and Physiology**

ORGANIZATIONAL NEWS

New Quarters

The Seminars are now conducted in new and slightly larger and more comfortable quarters across the hall from their former home. This is needful, since both 101 and 202 have approximately doubled in size. For former members who are nostalgic, the cable cars now run right outside our window, so that our proceedings are puncuated by the merry clang of the gripman's bell.

First Summer Conference

Tentative plans are being discussed for holding our first summer conference sometime in August, 1963, in the vicinity of Monterey, California, perhaps at the Asilomar Conference Grounds. This would be scheduled as a pleasant and instructive week-end when members and other interested people from various parts of the country and from other countries could get together for formal and informal discussions. The proposed program would resemble the following:

Section P

Saturday Morning: "Changing Concepts of (pertinent topic)"

Section A1

Introductory Workshop in Transactional Analysis

Section A2

Saturday Afternoon and Sunday Morning: Clinical Papers and Reports

Section A3

Sunday Afternoon: Recent Advances in Transactional Analysis

Section C1

Friday Evening: Party and Field Trip
Saturday: Beverages, Dinner, Old Fashioned Graduation Party
Sunday: Farewell and Beach Picnic

Section C2

Friday, Saturday, Sunday: Completely Unstructured Time

It would be appreciated if interested readers would write the Bulletin (Box 5747, Carmel) expressing their interest so that we could have some idea of what kind of turnout might be expected. Scenic Monterey, a suburb of quaint Carmel, is 125 miles from glamorous San Francisco, just above picturesque Big Sur, and on the road to industrious Hollywood. Travelling expenses are presumably deductible.

PERSONALS

Ken Everts is resigning after five years as consultant with the CTEA in Oakland because of scientific differences concerning the nature of "alcoholism" and the direction which research into this "problem" should take.

Frances Matson has resigned as social work supervisor for similar reasons.

Mary Michelson has resigned from the San Mateo County Adult Probation Department. She has been accepted by the Peace Corps and assigned to Rio de Janeiro, where she will work in the Favelas.

Mary Miles, an old friend of the Seminars, who resigned from the San Mateo County Adult Probation Department, is now with the California Youth Authority where she supervises graduate students in social work.

Viola Litt is now with the Reception and Guidance Center at Vacaville Medical Facility, where she is the first permanent female correctional counsellor.

GEORGE

George now goes to church regularly so that he can become a good Christian with the help of the money we send him. The doctor came to visit him because his tonsils hurt him. Christmas was very cold in Crete.

EDUCATIONAL ACTIVITIES

Seminar 202, Transactional Analysis in Clinical Practice, will continue to meet every Tuesday evening* through July at 8:30 p. m. at the office of Eric Berne, M.D., 1200 Washington Street in San Francisco. Professional visitors are welcome. It is suggest that they check in advance by telephone, PRospect 6-4256, and they are requested not to arrive before 8:20 p.m. There is no fee for this Seminar, but those who come regularly may wish to become Active Members.

***The May 7 meeting will be omitted because of the American Psychiatric Association Convention in St. Louis.**

During the Spring Quarter, it is anticipated that therapy groups, clinical situations, and tapes will be presented for transactional and game analysis, interpersed with special lectures, didactic-clinical discussions, and problems of group and organizational dynamics.

FALL INTRODUCTORY COURSE

The next Introductory Course will be offered at the end of September, 1963. Those desiring to be notified of the exact time should send their names to Transactional Analysis Bulletin, Box 5747, Carmel, California. Formal announcements will be sent out after Labor Day.

USC WORKSHOP IN TRANSACTIONAL ANALYSIS

A two-day workshop in transactional analysis will be conducted by E. Berne at Idyllwild on May 11 & 12 under the auspices of the Department of Sociology of the University of Southern California and the American Association of Marriage Counsellors. While this course is primarily for members of the Association, anyone else desiring to attend may apply for details to Dr. Howard Clinebell, Associate Professor of Pastoral Counseling, School of Theology at Claremont, California.

APA MEETING IN ST. LOUIS

Those attending the APA Convention in St. Louis are invited to hear the paper on "Principles of Transactional Analysis," to be presented by the Chairman of the Seminars on Thursday, May 9, at 2 p.m. At 7 p.m. several of our members will participate in round table HH, "Group Therapy Research Developments." We hope to have a field trip after that.

EXTRAMURAL TEACHING

During the past quarter, the regular teaching of transactional analysis continued at Langley-Porter Clinic, Stanford-Palo Alto Psychiatric Clinic, McAuley Clinic, California Medical Facility, Mendocino, Stockton, and DeWitt State Hospitals, and the V.A. Hospital at Roseburg, Oregon.

Several new teaching projects are also under way. Kenneth Everts is supervising the residents at Herrick Hospital in group therapy. Ray Poindexter is consultant in industrial psychiatry at a Naval facility in Alameda. Eric Berne is giving a series of lectures to the staff of the U. S. Naval Postgraduate & Line School, with the staff wives also attending. He is also giving another course for the Faculty of the School of Nursing at Stanford. In addition there have been requests for the Teaching Outline (TAB Supplement #1) from various parts of the country, so presumably the teaching of transactional analysis is now fairly widespread.

The Seminars

The San Francisco Social Psychiatry Seminars function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and educators. The teaching is primarily oriented toward group therapy and group work based on transactional analysis. Research in social dynamics is carried on as funds become available. Since there is no endowment, the Seminars, now in their sixth year, have been almost entirely supported from tuition fees. Contributions are always welcome.

The Seminars are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. In certain cases, well-recommended undergraduates are eligible to attend. Professional workers are always welcome to visit the permanent clinical seminar (Course No. 202) which runs all year round, and can become Active Members, if otherwise eligible, on completion of the Introductory Course or its equivalent.

Active members who leave the San Francisco area or for other reasons cannot continue regular attendance are invited to become Members At Large ($10 per year, or $5 per year for students). They will receive the Bulletin and retain their attendance and voting privileges.

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SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS
FOR THE STUDY OF TRANSACTIONAL ANALYSIS
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A NON-PROFIT EDUCATIONAL CORPORATION

TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 2 JULY, 1963 NUMBER 7

Page

SCIENTIFIC PROCEEDINGS

SPRING QUARTER, 1963 - - - - - - - - 71

CLINICAL NOTES

CHRONIC BRAIN SYNDROME TREATED - - - - 75
R. L. Goulding

AMERICAN PSYCHIATRIC CONVENTION - - - - 77

IDYLLWILD WORKSHOP - - - - - - - - 79

PERSONALS FROM AFIELD - - - - - - - 79

A LIVING PROBLEM - - - - - - - - 79
C. St. Cyr

AFFILIATE SEMINARS ACTIVATED - - - - - 80

ORGANIZATIONAL NEWS - - - - - - - - 81

SUMMER CONFERENCE AT ASILOMAR - - - - 82

REGISTRATION FORM FOR ASILOMAR - - - - 83

EDUCATIONAL ACTIVITIES - - - - - - - 83

TRANSACTIONAL ANALYSIS BULLETIN

Published Quarterly by

THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

A NON-PROFIT EDUCATIONAL CORPORATION

VOLUME 2 JULY 1963 NUMBER 7

The Transactional Analysis Bulletin will be published quarterly to keep active members, members at large, associate members, former students, and other interested parties current with the scientific, educational, organizational and personal activities of the San Francisco Social Psychiatry Seminars. Subscriptions are solicited from institutions and libraries at $3 per year (U.K. 18/-). All funds received from associate memberships and subscriptions will be devoted to continuing and enlarging the Bulletin until it becomes possible to publish selected articles without the necessity for undue abbreviation. Subscriptions, enquiries, exchanges, and financial contributions should be addressed to The Transactional Analysis Bulletin, P. O. Box 5747, Carmel, California.

Contributors

Short summaries of newly discovered transactional games or other original observations, brief accounts of clinical, scientific, or teaching activities, letters to the editor, or personal and organizational notes should be addressed to the Editor, Transactional Analysis Bulletin, at the above address. Such contributions are encouraged as the best way for members in various parts of the country to keep in touch with each other.

Advertising

Rates for classified and display advertising will be submitted on request. The Bulletin reaches a select audience of professional people in the San Francisco Bay Area and other parts of the country.

Editorial and Circulation Assistant, Mary N. Williams

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SCIENTIFIC PROCEEDINGS

SPRING QUARTER — ADVANCED SEMINAR - 202 - APRIL — JUNE 1963

The abstracts below are written for professional readers who are assumed to be familiar with the basic principles and terminology of transactional analysis.

March 26. R. L. Goulding: "Chronic Brain Syndrome Treated with Transactional Analysis." (See p. 75).

April 2. Eric Berne: "Recent Problems."

April 9. Cecille Hochman: "A Group of 11 Year Old Girls."

H presented a recreation group of 10 girls at a community centre. Asked for a specific question to focus thinking, she proposed "What shall I do about Sandy?" Sandy was a recalcitrant "spoiled" "unco-operative" member. When the group went for a bicycle ride, Sandy complained that the bicycles were scratched and she did not want to be seen riding such a vehicle. H dealt with this by restrained Parental impatience: "Look, you're holding everybody up, get on your bicycle and let's go." Sandy was equally "difficult" on other occasions. Sometimes she was bossy. Debbie emerged as the "sub-leader," and Mary as the best liked.

H was a "natural" leader without formal training. During her presentation she repeatedly apologized for talking in simple English instead of in polysyllables. Her presentation was clear, relevant, intelligible, and without masking. Her own Child appeared from time to time candidly and with charm. Her charm in no way detracted from the effectiveness of her presentation, so that listening to her became a personal as well as a scientific experience, and this the Seminar applauded. They also approved of her freedom from jargon.

The discussion, which was highly sophisticated and required a firm grasp of transactional group dynamics,* centered around H's group imago. She had three sisters and three children. Hence her **provisional** group imago had three active slots, which were filled by Sandy, Debbie, and Mary, with the rest of the girls remaining relatively undifferentiated in the "those others" slot. In her later **operative** group imago, the real leader was H's Mother Parent, with H's Child as one of the members. In swinging from the provisional (Child) phase to the operative (Parental) phase, an extra slot was activated (from "myself & three siblings" to "my mother and her four children"). In her transactions with Sandy, she came on sometimes as a "Delinquent Child," activating Sandy's "Bossy Parent," and at times as a "Bossy Parent," activating Sandy's "Delinquent Child." These unexpected swings had taken both her and Sandy by surprise. Now that their structure was clear, however, H had rational social control of the relationship. The Seminar praised her avoidance of both "social work" and "group dynamics" in dealing with Sandy, and felt that if H had been "trained" she would have played "I'm Only Trying To Help You" with Sandy instead of running a recreation group.

After the Seminar's judicious Adult-Parental discussion about "the problem" of Sandy, the Chairman asked how many of those present secretly admired Sandy; almost everyone did.

April 16. George Jones: "Control of Charities in a Small Town."

J presented a group of charities with interlocking directorates and an over-board. Professional workers in the various organizations tended to evade issues and avoid taking issue with the over-board which allocated funds, even in relation to allocations. A meeting of the over-board was analysed according to the six basic diagrams*. The responsible leaders were not the effective leaders. They were appointed by an effective leader, a "man in the back room," who controlled all agencies by controlling the over-board. In the group imagos of the professionals this man X was also the psychological leader, a shadowy figure who reduced them to

*See E. Berne, The Structure & Dynamics of Organizations & Groups, J. B. Lippincott Company, Philadelphia, 1963.

the status of compliant, Child-programmed Adults who followed the rules but could not take significant initiative. Thus group imagos could never become operative, since they never knew how they stood in X's imago, with participation but no engagement or belonging. The only way for J to change this was to find out how he stood in the imago of X. Constitutionally, he could not confront X as an employee, but could as a "citizen." The remedy was for him to "interview" X in the latter capacity. This solution, arrived at by careful rational analysis, was greeted with laughter at the Seminar, laying bare the underlying existential problem (the courage to confront even when it was constitutionally permissible). One talks about such things but doesn't seriously expect anyone actually to do them. Nevertheless, J undertook to do it.

April 23. F. Ernst & E. Berne: "Papers in Preparation."

E & B read papers they were preparing for the May meeting of the American Psychiatric Association in St. Louis. They requested destructive criticism. This was more enjoyable and probably more productive than the usual "constructive" circumlocutions: "This interesting and provocative paper etc., etc., but there is one point which seems to have been overlooked."

April 30. Joan Parkhurst: "A Patients' Planning Committee." (Tape).

The purpose of the committee was to allow the patients in a Naval Hospital to participate in planning recreational activities. Any patient in the hospital was eligible to attend. Of several hundred, three or four attended regularly. On the tape, they started to plan a dance in an Adult way. The worker intervened to emphasize some rules of social etiquette ("Don't hold the hostesses too tight," etc.) which were in content Adult but were Parentally programmed. The meeting then turned into a desultory anecdotal discussion. The stated question was how P could train recreation workers to handle such meetings. The Seminar felt this could not be answered unless the purpose and structure of the meetings could be further clarified, either autonomously by P, or by higher authority. In the example, the inexperienced worker's Parent had decommissioned the weakly cathected Adults of the participating patients.

May 7. No meeting because of APA convention.

May 14. Reports of meetings at St. Louis & workshop at Idyllwild. (See pp.77 & 78).

May 21. Joseph Concannon: "Dynamics of a Navy Prison."

C described the complicated dynamics of a Navy Stockade. The authority diagram started with Congress and ran down through a complex chain of command, involving the Marines on one side and the Navy on the other. Through the systematic use of transactional dynamics, he was able to specify certain critical areas where improvements could be initiated. After specifying them, he successfully initiated them, resulting in marked changes in morale and effectiveness. After he introduced both the guards and the prisoners to transactional analysis (in the face of strong resistance) there was a shift from Parent to Adult by the guards, and from Child to Adult by the prisoners. He was allotted one half day a week, in addition to his regular duties at the Naval Hospital, for this task. The presentation was unusual in the following respects:

(1) The systematic, well-focussed approach enabled the audience to understand the situation clearly with a minimum of questions.

(2) Since the project was successful, there was hardly any discussion afterward. It was clear what he wanted to do, why he wanted to do it, how he went about it, and why it worked. This emphasizes the principle that there is a right and a wrong way to do things; it is only the wrong ways which require discussion; the right ways speak for themselves.

(3) Instead of "Butting" him in the usual "staff conference" manner, the Seminars gladly applauded his accomplishment. C himself attributed the results to the awakened potentialities of the men he was dealing with.

May 28 & June 4. Eric Berne: "Group Therapy vs. Group Treatment."

B has previously had ten years of experience with passive interpretative "psychoanalytic group therapy," followed by two years of existential group therapy. For the past eight years he has been engaged in active transactional group treatment. Following recent challenges to his "active" approach, he adopted a "passive" approach in seven different groups. After three weeks, he asked his patients which approach they liked better and which they thought would cure them faster. The taped responses show a strong preference for the active approach on both counts. The patients discussed the reasons for their preferences at some length. About 25% said they would have quit if he had continued the "passive" policy a week or two longer. Several of them had already begun "acting out" with their families.

The strenuous "butting" which this experience evoked on the outside did not occur in the Seminars. The outside "butting" fell into two obvious categories. (1) "Experimental design." This is invalid because these were not experimental groups, but therapy groups. There is no way to experiment with therapy groups because they then become ipso facto pseudo-therapy groups; being experimented upon is not a valid form of therapy. B was dealing with an experience, not with an experiment. (2) Ad Hominem arguments. These are trivial game maneuvers, since none of the "butters" was qualified. To qualify in this category, a "butter" would have to have the obverse experience. This would require several years of active transactional therapy, abandoned in favor of passive "non-authoritarian" therapy. Such a therapist would be in a position to try active therapy again for a few weeks and record his patient's preferences. A simpler qualification might be acceptable. Let a responsible "passive" therapist (i.e., one who would lose patients, status, and income if he goofed) try active transactional therapy for a few weeks and then record his patients' preferences.

B's patients were "real people" who had not contracted to be "subjects." Some of them, therefore, objected to what he was doing, and some made firm demands to know what he was going to do with the tape-recordings.

June 11. Paul McCormick: "Group Work with Adolescent Offenders."

M presented his fifteenth meeting with seven delinquent boys committed to a work camp. Some of the boys scored so low on psychological tests that they could not be assigned vocational aptitudes. Nevertheless, they all learned the principles of structural, transactional, and game analysis. They recognized and freely discussed playing and enjoying "How Do I Get Out Of Here?", "Ain't It Awful," "Let's Make Parents Sorry," "Look What They've Done To Us," "You'll Have To Take Me As I Am," "Cops and Robbers," and "Try and Help Me." The problem was how to get them to stop playing them after they recognized them. One way is to indicate more constructive gratifications; another is to encourage Adult control by stroking. Therapeutic patience is a prerequisite, since it apparently takes about six months for the human psyche to assimilate an idea and then bring it forth as an autonomous decision.

The presentation being in transactional rather than clinical terms, was straightforward, concise, and easily understood. The Seminar made the following suggestions: (1) Engaging a group member in a ten-minute conversation not including the rest of the group is not necessarily bad, especially if members come from large families. Camp boys are too seldom addressed as individuals in their "groupified" lives. The ones not spoken to know their turns will come if the therapist has no scruples about talking to them individually. (2) Compulsory attendance may promote a type of game but at least it gets the members there, where the game can

be analyzed. (3) Racial games have not cropped up perhaps because the group is about evenly split, thus avoiding a pronounced minority; or perhaps because racial games are not these members' favorites. Only by experimenting could these possibilities be checked. (4) Group members far below average psychometrically readily understand structural and transactional analysis and display a keen awareness of motives in each other's and the staff's behavior.

June 18. Eric Berne: "Recent Observations."

(1) Classification of Games. The position from which a game is played is probably not after all the fundamental variable. Game anlagen are probably learned as responses to the mother's behavior in the early months of life, while nursing at the breast or taking the bottle. Mother-types such as Sambos, Mushes, Jerks, and Sulks would give rise respectively to Brink-type, Surprise-type, Alibi-type, and Challenge-type responses in the nursing infant, which would later be elaborated into games such as Cops and Robbers, Now He Tells Me, If It Weren't For You, and Try and Make Me, respectively.

(2) The Switch. This is frequently occurring Corner type of maneuver which leaves the opponent speechless. The player comes on Child, and then switches into Adult or Parent to say: "How dare you treat me as though I were a Child?" If the switch is real, the maneuver is "sincere." If it is merely the Child maliciously making like an Adult or Parent, the switch is "insincere." This manuever forms the basis for such classical games as Rapo.

(3) The Cinderella Script. The scenes in this script are now becoming clearer. For example, at the end we find that Cinderella has fired all the servants on various pretexts so that she can go back to cleaning toilet bowls. In this situation she has many advantages over the boring life of a princess.

(4) A Schizophrenic and His Mother

The mother of a 30 year old schizophrenic attended his group for two sessions. She evoked intense and unanticipated reactions in the other members, for and against her. The object was to observe the transactions between her and her son, but the other members kept interrupting to defend either him or her, so that they were hardly allowed to speak to each other even after the therapist repeatedly stated the purpose of her visits. It became evident that the other patients were being intuitively therapeutic for whichever party they favored, since it soon appeared that this was a ten-disc relationship in which mother and son had to split the pathology. For her to stay well, he had to remain "dead." If he got better, she would get sick and might very well die. The patient gave various sound reasons for continuing to act crazy instead of getting better, including Look What She Did To Me. The mother, who had previously been with him in family therapy, insisted on They All Say It's My Fault. The patient did not deny that he was spiteful, but she did, saying: "He's not spiteful, he's just mischievous," thus establishing that it had to be her fault, not his. Thus the mutually agreed on position between them was Mother not-OK, Son OK. Ideal therapy would shift this to Mother OK, Son OK, which is virtually impossible without going through Mother OK, Son not-OK; but that could have serious consequences for one or the other. Following these sessions the threatened mother threatened to re-marry. The therapist asked the patient: "Does her friend act as crazy as you do?" Patient replied: "He acts crazy all right, but not the way I do." Another patient said: "If she marries a crazy man she won't need you any more." Patient replied: "Then I'll adjust and go to work."

June 25. First meeting of the Southern California Transactional Analysis Seminar (Tape). See page 80.

CLINICAL NOTES

CHRONIC BRAIN SYNDROME TREATED WITH TRANSACTIONAL ANALYSIS*

Robert L. Goulding

For the past two years at VAH Roseburg, we have been using Transactional Analysis in the treatment of neurotics, character disorders, manic-depressives and schizophrenics in remission. We have had little experience with patients with chronic brain disease and thus when the patient R. S. came to our attention, it was with some interest that we followed his course for over a year.

This patient is a 45 year old, white divorced male who was admitted to our hospital for the fifth time in January of 1960. His primary complaint at this time was convulsive seizures. He had had numerous hospitalizations at other hospitals as well as ours over the past fifteen years, both for seizures and for assault with a belligerent behavior. He was commonly diagnosed "Chronic brain syndrome associated with convulsive disorders, with behavioral reaction manifested by temper outbursts, hostility, aggressiveness, low tolerance for frustration and mental deterioration." He also had a low tolerance for alcohol. The patient draws 100% pension for disability because of a shell injury with skull fracture and concussion in 1943 while in the South Pacific. He was in the Marine Corps from 1942 to 1945, was married shortly after his return from overseas, had three children, was divorced in 1948. He was first hospitalized in this country in 1947 in a State Hospital and has been in and out of both State and Veterans Hospitals frequently, and almost constantly, ever since. He has had epilepsy, with grand mal seizures and psychomotor seizures since April of 1949. During the past ten or twelve years he has been in trouble frequently with the police because of assaultive, belligerent behavior both when under the influence of alcohol and while sober. At one time he attempted to kill his mother by throttling her; another time, he took a gun out of a policeman's holster in a small town in the northwest, and proceeded to fire shots randomly about the main street.

On admission in 1960 his electroencephalogram was grossly abnormal, and compatible with generalized severe brain damage, especially localized in the midfrontal area with spread to the entire cortex. There was a focus from the frontal and anterior temporal area. The patient has been on dilantin and phenobarbital or similar drugs for many years. He was taking thyroid as well — one grain three times a day — because of a rather severe adult myxedema.

Psychological testing at the time of his admission in 1960 demonstrated an extreme lack of frustration tolerance, and a drop of 20 points in his full Wechsler since being examined five years previously: 33 points deterioration in performance and 8 points deterioration of vocabulary. Since April of 1961, he has been on daily doses of thyroid gr. iii and dilantin 100 mgm. He has also been given occasionally chloral hydrate at bedtime, darvon for headache, and benadryl p.r.n, for itching. He has had no tranquillizers since 1962; before that he occasionally required an injection of thorazine when he became extremely assaultive or belligerent.

In February of 1962 I started a group therapy session three times a week on the ward. Although criteria for selection were very loose, this patient was left out of the plans. At the initial session ,however, he wandered in and sat down and was permitted to stay. During the first hour, he listened to what was going on for a time and then asked very politely if he might say something. I chose to treat the transaction involved here rather than the content and asked him why he felt it was necessary to ask if he might talk when the other patients were all speaking quite freely. The patient stated that when he was a small child he was not per-

*See Berne, loc. cit.

*Presented at the North Pacific Society of Psychiatry and Neurology, Seattle, Washington, May 4, 1963.

mitted to speak unless his father allowed him to, and still always asked permission to speak. He was one of the youngest of 18 children. He was reputed to have had many temper tantrums when he was a child and many fights while he was growing up. Over a period of several weeks of group therapy the patient's Child emerged more and more clearly as potentially assaultive and belligerent. It became evident that his pathological behavior in recent years was similar to his behavior as a child. The group wondered if this was not still the same child acting out in him. We started to encourage his Adult to control this Child better; to look at his childlike actions and distinguish them from Adult behavior. This concept appealed to him. He seemed to understand it rather clearly in spite of his deterioration and showed a marked change in behavior over a period of two or three months.

During February and March, he was kept on the hospital grounds except for attending Church Sundays with another patient, or with a volunteer. Over the next three months, he was allowed to go downtown by himself on passes, then to stay overnight one night, and later his passes were increased to 72 hours.

During this entire time, there was no repetition of his old bellicose behavior; he did not get into any fights nor assault anyone. He became outwardly amiable and friendly, although he had many episodes of brief anger which he referred to as "his Child." Each time this anger would flare up within him, he would, in fact, talk to himself and say such things as "Now, little Raymond, let's just take it easy."

The patient eventually convinced his family that he was no longer the same alarming individual, and they began to make efforts to help him get out of the hospital. In August, 1962, after seven months of group therapy, he was given a 7-day leave of absence to visit his sister; following that, he made several visits to other members of his family in various parts of the state. In October he was released on Trial Visit for 90 days, reporting to the hospital every 30 days to check on his progress. This visit was extended indefinitely. He still reports to the hospital every 30 days and is getting along quite well. He is now working in a gas station, and has been in no difficulty with the police since his release.

This report illustrates the use of Transactional Analysis in a patient with chronic brain syndrome and a history of assaultiveness and belligerence. The patient had no changes in medication and is still on thyroid and dilantin. He has had no psychotherapy (except his check-ins once a month) since August, 1962. He still refers laughingly to his Child and remembers when his Adult did not have control over his Child.

The writer feels that the change in his behavior is primarily due to his understanding of his Child, and his conscious efforts to control childlike behavior and act Adult. The primary goal in this case was to modify the patient's behavior so that he could adjust to living in the community without frequent outbursts of violence, and this goal has been satisfactorily achieved.

LATE BULLETIN

A newly uncovered game is now under study: "I Can Recognize That," played by patients with doctorate degrees and by therapists.

TRANSACTIONAL ANALYSIS AT THE APA

The Annual Meeting of the American Psychiatric Association was held at St. Louis May 6-10, 1963. The Chairman of the program Committee, Dr. Jules Masserman, had first requested the Seminars to prepare an afternoon panel, and suitable material was submitted. Later, however, the Program Committee decided to allot only 40 minutes, and suggested a 15 minute paper by E. Berne. Meanwhile, F. Ernst was invited by J. Jackson to participate in an evening Round Table on "Latest Group Therapy Research Developments."

(1) On Thursday afternoon E. Berne presented a 15 minute outline of transactional analysis. He read only the first introductory page of the required prepared paper, and for the rest of the time spoke extemporaneously with the assistance of a visual aid. The audience reacted with the usual hilarity to their first encounter with games (YDYB, If It Weren't For You, and Alcoholic). The official discussant was Irving Chelnek, M.D., of Encino, California. His discussion was generally favorable. He raised three critical points: That transactional analysis could not replace psychoanalysis; that it was not clear how it could deal with schizophrenia; and that parents and children were too polymorphous to be dealt with by structural analysis. Berne replied that transactional analysis was not attempting to replace psychoanalysis, but to offer an approach when formal psychoanalysis was not available; that schizophrenia was heavily influenced by transactional elements; and that Parent and Child ego states could be just as complex and polymorphous as actual parents and children.

J. M. Kummer of Santa Monica implied that the success of T. A. depended on B's personality. He objected to the introduction of new terms, and plead for "gradualism." In any case, there was little that was new in T. A. It promoted regression by encouraging the Child. B replied that since others were using T. A. effectively it was not his personality. The terminology was much simpler than that used by other approaches, and hence was economical even if new. The old terms had been introduced about 1900 and it was now 1963, and that was reasonably gradual. He recognized (paraphrasing Freud) that while T. A. was new, they had known it all along and had been using it profitably, but what good was it anyway? If literature, art, and personal charm (manifestations of the Child) were all regressive phenomena, perhaps there should be more of that.

W. H. Rooks of Grand Rapids stated that he approved of T. A. because it was a simple way to communicate. B mentioned that it described a specific rule of communication (the rule of crossed transactions). Other discussants asked specific questions about theory and technique. A. C. Wood of Philadelphia asked a technical question about "Uproar."

B offered the audience reprints and sample copies of the Bulletin. The supply was quickly exhausted, and the other interested parties requested that material be mailed to them. It thus appeared that after this brief paper, there was a surge of curiosity and interest, There has been a quite heavy mail since the meeting asking for further information.

(2) On Thursday evening, F. Ernst presented an extemporaneous case illustration to show the clinical use of transactional analysis. This also evoked considerable discussion. Almost everyone present at the Round Table was interested in obtaining literature and sample copies of the Bulletin.

TRANSACTIONAL ANALYSIS AT IDYLLWILD

On May 11 & 12 an "Institute of Transactional Analysis and Family Therapy" was held at Idyllwild, a convention centre in the mountains near San Bernardino, under the auspices of the University of Southern California & the Southern California Association of Marriage Counselors. The conference was arranged by Dr. Howard Clinebell, Associate Professor of Pastoral Counselling at the School of Theology at Claremont; Dr. James Peterson, Professor of Sociology at USC; and Dr. Jerry Nims, President of the SCAMC. The program was set up to include five lectures by E. Berne, with small "laboratory groups" in between. The leaders of the small groups were Frances Matson, Viola Litt, and Howard Fradkin, who flew down from San Francisco for the occasion; and Robert Hodges, William Collins, Myra Schapps, and Iva Blank, all from the Los Angeles area.

About 70 people enrolled for the Institute, and many of them brought their families along for the week end. The lectures were well received, and there were many tape-recorders in action. The small groups were run firmly rather than loosely, according to a pre-determined plan. This gave rise to considerable feeling among the participants, as had been anticipated, and was instructive both to them and to the leaders, some of whom had never before conducted a group consisting of professional people. The participants were permitted to listen to the planning sessions where the group leaders decided how they would conduct themselves.

There were many enquiries as to how people could learn more about transactional analysis. Some wanted to fly up to San Francisco to attend seminars. The lecturer suggested that perhaps the simplest solution would be to form a local study group. This suggestion was well received, and the first meeting of the Southern California group was held on June 11. (Details of this meeting are given on page 80 of this issue).

The participants raised many technical and theoretical questions after each lecture and in the subsequent group meetings, but the problem which caused the most controversy was the question of "rackets." Curiously enough, few people seemed concerned at the idea that "guilt feelings" and "feelings of inadequacy" were rackets (self-indulgences permitted and encouraged by the Parent), but some heatedly protested the idea that anger and "hostility" were rackets, and many more were disconcerted by the idea that the Adult does not get angry. In fact some were quite indignant at this statement. Stimulated by this discussion, the lecturer was able to clarify his own thoughts further, and to demonstrate by an actual incident that most anger is part of a game, usually Now I've Got You You Son of a Bitch (NIGYSOB). With an "adequate" stimulus, the Child receives Parental permission to express archaic suppressed or repressed rage, and gratefully makes use of the license with Parental rationalizations ("You have to defend your own interests") and pseudo-Adult data processing ("Anyone would get angry under such conditions"). The fact is, however, that anger does not increase the effectiveness of self-defence, nor does "anyone" get angry under given conditions. The game element lies in the secret gratification which the angry Child feels when presented with an excuse to express his aggressivity. A good introspectionist can detect the moment of decision when his Adult decides to release the Child; the sudden spurt of hormones which follows this decision can also be detected by its physiological effects, after which the NIGYSOB is in full swing; meanwhile, the righteous player has inflicted on himself a disturbance of metabolism which will take at a minimum four hours to subside, and in a susceptible person may last for days.

PERSONAL NOTES FROM THE EXPEDITIONS AFIELD

Al Wood flew to St. Louis from Philadelphia to listen to the paper on Transactional Analysis, saying that he needed a "transfusion." Unfortunately, he was unable to remain, and flew right back again when the paper was over. He is doing some research on games with the families of mentally retarded children.

Transactional analysts and their friends had two good field trips in St. Louis, which has a special section known as "Gaslight Square" which is especially equipped for field trips, with sidewalk cafes and other facilities, including an outdoor piano.

One of the most interesting celebrations of the year was arranged by Viola Litt, Frances Matson, and Howard Fradkin, who flew down from San Francisco to conduct "small groups" at Idyllwild. After a successful rendezvous with Eric Berne, who flew in from St. Louis, the four of them boarded the helicopter from Los Angeles to San Bernardino. It being Berne's birthday, the other three had a surprise for him: an appropriately inscribed cake with a candle in the centre, which formed the nucleus for a birthday party aboard the helicopter.

There were no facilities for a field trip at Idyllwild, but there was plenty of equipment for a happy evening right on the conference grounds. Besides Jerry Nims' guitar, one of the instructors from San Francisco performed on a ten foot alpenhorn which happened to be lying around.

A LIVING PROBLEM

"HAMMERING YOUR THUMB"

(Cyprian St. Cyr)

R. Horseley, the homely sage of the Ozarks, once said to a friend: "Why do you always complain about your troubles, since you bring them on yourself? You are like a man who sits and taps his thumb with a hammer, and then complains that he has a sore thumb." The friend replied: "Don't ask me why, try it for yourself and see." Horseley thereupon got a hammer, and for the remainder of the day, while he was talking to his friends, he sat and hammered his thumb. Much to his surprise, he found that this did not interfere with his conversation. He could listen with the same perceptiveness, and his comments were just as sagacious as before. As the hours went by, he discovered a strange fascination in this activity. Toward evening he said to his last visitor: "What did you learn to-day that was new?" "Nothing," replied the visitor. "Then what," asked the sage, "do you have to show for your day's labors besides your wages?" "Nothing." "I," said Horseley, "have learned that hammering your thumb is not the way you think it would be, and I have something new to show for my labors." "And what is that?" asked the visitor. "A sore thumb," replied Horseley. And when he saw his friend he said: "Now I understand why so many people spend their time hammering their thumbs and then complaining that they have sore thumbs. The effects were quite different than I had anticipated."

The question which arises from this story is as follows: How do you know you cannot learn from something you have never tried? If you try it, it is necessary to use a real hammer, and not a rubber dactylosphor.

AFFILIATE SEMINARS ACTIVATED

Stockton

The Stockton Transactional Analysis Seminar held its first meeting on May 24, with six people attending, under the leadership of Gordon Haiberg. It is planned to hold monthly meetings. Anyone in the Stockton area who has taken the Introductory Course or its equivalent and is interested in the application of transactional analysis to cases, groups, or organizations, is invited to join. For information, call Dr. Haiberg at Stockton State Hospital.

Costa Rica

The members of the informal study group at the Hospital Psiquiátrico Chapuí in San José, Costa Rica, have decided to affiliate formally with the Seminars. We welcome what we shall be calling for administrative purposes the Costa Rica Transactional Analysis Seminar, and we are honored to include as Affiliates its eight members:

Dr. Gonzalo González-Murillo
Dr. Mario Catarinella-Andreoli
Dr. Flora Soto-Araya
Dr. Rogelio Rojas-Acuña
Dr. Zeirith Rojas-Alfaro
Dr. Fernando Zepeda-Richmond
Dr. Franco Albarenga-Bianco
Dr. Gonzalo Adis-Castro

We hope that any of them who come to North America will visit us, and that any of our members who go to Costa Rica will visit them. Meanwhile, our correspondence with them will be by letters and tape recordings.

Southern California

Following the Workshop at Idyllwild (see p. 78), the first meeting of the Southern California Transactional Analysis Seminar was held on June 11, 1963. Dr. Solon Samuels of Gateways Hospital very kindly offered the meeting facilities of the hospital for the occasion. About 25 people attended. William Collins and Myra Schapps acted as moderators. It was decided to start with an Introductory Course given by Mr. Collins, to be held at the Gateways Hospital on Tuesday evenings. For information, call Dr. Samuels' secretary at Gateways Hospital in Los Angeles, Mrs. Witton, NOrmandy 6-0171.

The tape-recording of this first meeting was played at the San Francisco Seminars on June 25, while the second meeting of the Southern California Seminar was taking place simultaneously in Los Angeles. The San Francisco colleagues felt that the tape was typical of the first organizational meeting of a group without strong established leadership. From a scienific point of view, the tape is of considerable value, since it illustrates the organizational function in an existentially meaningful, non-trivial, non-experimental situation, with members who are nearly all experienced group leaders in one way or another.

A THOUGHT FOR SUMMER

Paré introduced ligation instead of cautery in amputation cases. His fellow doctors were skeptical, because: "to tie the vessel after amputation is a new remedy . . . therefore it should not be used."

Cited by L. T. Woodward, "The History of Surgery."

ORGANIZATIONAL NEWS

AFFILIATES

People who have attended the Introductory Course, or a workshop, or have otherwise become acquainted with our approach, have frequently asked how they might continue their studies when they are far away from San Francisco. The result of this has been the formation of Affiliate Seminars in several places where such people are collected in sufficient numbers. (See page 80).

The plan is for qualified members of recognized affiliate Seminars to become Affiliate Members of the San Francisco Social Psychiatry Seminars, and for their chairmen to become ex-officio Directors of the SFSPS. Affiliate Membership will include a subscription to the Bulletin, the privilege of attending the Seminars on visits to San Francisco, and consultation service when practicable.

The stability and survival of affiliates depends on several group dynamic factors: the cohesive force of transactional analysis as an intellectual discipline; the local leadership; the nature of the clinical material presented; the frequency of meetings; and the liaison with the central leadership. The indications are that the last is one of the most decisive factors. It will be interesting to follow what develops (or undevelops) with affiliate seminars.

Transactional Analysis Bulletin, Supplement #1, has been published for the benefit of those teaching this subject clinically or academically. It is entitled **Outline For An Introductory Course In Transactional Analysis and Social Dynamics.** The first edition is 13 pages in mimeograph, interleaved with blank foolscap pages for instructors' notes, giving topical headings for a course of eight lectures. Subscriptions at $2.00 may be sent to Transactional Analysis Bulletin, P. O. Box 5747, Carmel, California.

PERSONALS

Bob Wald will be in Europe for two months visiting psychiatric centers as well as cultural and recreational centers. He plans to return August 14.

Barbara Rosenfeld left Philadelphia June 20 to spend the summer on a fellowship at the Menninger Clinic.

Claude Steiner and his wife and daughter were in San Francisco for a few days from Ann Arbor. He and Berne spent an interesting evening comparing conventional psychological training with the transactional approach.

Robert Goulding is leaving the VA Hospital in Roseburg, Oregon, to take the Administrators Program in the VA Hospital at Palo Alto.

Kenneth Everts is leaving for a three month trip around the world. He is going the opposite way from Jim Starrels, who left last fall.

Among the out of town guests who have visited the Seminars recently are: Lawrence Means, of Tehachapi; Professor R. H. Romlie, of Bandung, Indonesia; Jacqui Olsen, of Richmond, Virginia; Annja-Marja Tukhanen, of Helsinki, Finland; William C. Hartman and Warren Posner, of Long Beach State College; Bill Collins, and Myra Schapps.

George
(Our Sponsored Orphan in Crete)

(George now writes his letters to us himself, as he has learned to do at school). "A good shepherd gave me a baby lamb, I got it some milk and gave it the bottle but it only lived ten days and then died. I made a hole and put it in after I had folded it in a sack but the crows dug it out and I was awfully sad. I send you thousands of greetings on the wings of the birds that fly in the air."

SUMMER CONFERENCE ON TRANSACTIONAL ANALYSIS

The first Summer Conference on Transactional Analysis will be held on Saturday & Sunday, August 24-25, 1963, at the Asilomar Conference Grounds near Monterey, California. The program will be in two sections.

Section I. WORKSHOP

An intensive Introductory Course for beginners (Saturday morning, afternoon, and evening, Sunday morning) consisting of didactic lectures (Berne) and small group discussions with experienced leaders. This is open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields; to graduate and undergraduate students in medicine and the social sciences; and to teachers and correctional officers.

Section II. CLINICAL

This is open to those who have had an Introductory Course in transactional analysis, or its equivalent. It is tentatively planned to divide Section II into four subject periods, each with a leading paper, as follows:

A. Transactional Analysis with Adolescents (D. Kupfer)
B. Transactional Analysis with Alcoholics (R. Goulding)
C. Transactional Analysis in Correctional Work (F. Ernst)
D. Transactional Analysis in the Psychoses (G. Haiberg)

In addition, there will be an Old Fashioned Graduation Party and other social activities. Families accompanying those who are attending will find ample opportunities for recreation and sightseeing, including an ocean beach and a heated swimming pool on the Conference Grounds.

COSTS

Registration fees for those attending sessions will be $5 for Active, Associate, Affiliate, and At Large Members, and $10 for non-members. The latter will automatically include Associate Membership and a subscription to the Transactional Analysis Bulletin. For the Introductory Course, there will be an additional fee of $20. Because this is the rush season at Asilomar, rooms will not be available on the Conference Grounds until after lunch on Saturday. Accommodations run $13.50 to $17.00 per day per person, including Saturday lunch and dinner and Sunday breakfast and lunch, with special rates for children. For those arriving Friday evening, outside accommodations will be arranged if notice is given. There will be some social activity Friday evening, and details of this will be sent out before the meeting.

Those planning to attend are requested to remit Registration and Workshop fees together with a deposit of $10 per person to reserve accommodations. Specific types of accommodations can then be chosen from the circular which will be sent by return mail. Checks should be made out to the San Francisco Social Psychiatry Seminars (SFSPS) and **sent with the registration form on the next page.** Advance registration will assist in planning and will ensure choice of accommodations.

EXTRA FLYERS

Separate notices have been sent out announcing this course. Anyone desiring extra copies of these flyers for distribution or for posting on organizational notice boards may obtain them by writing to SFSPS, Box 5747, Carmel, California.

To: San Francisco Social Psychiatry Seminars (SFSPS)
Box 5747, Carmel, California

i am planning to attend the summer conference, arriving

Friday evening ( ) Saturday morning ( )

I enclose check for registration as

Member	$5	Non - member	$10	$_____
Introductory Course (additional)			$20	$_____
Housing & Meal Deposit for _____ people at $10 each				$_____
Total funds enclosed				$_____

Name _____

Address _____

City _____ Telephone _____

Degrees _____ Affiliation _____

Names of others in party & Ages of Children (if any)

_____

_____

EDUCATIONAL ACTIVITIES

Seminar 202, Transactional Analysis in Clinical Practice, will continue to meet every Tuesday evening at 8:30 p.m. until August 20 at the office of Eric Berne, M.D., 1200 Washington Street in San Francisco. Professional visitors are welcome. It is suggested that they check in advance by telephone, PRospect 6-4256, and they are requested not to arrive before 8:20 p.m. There is no fee for this Seminar, but those who come regularly may wish to become Active Members.

After the fall vacation, meetings will resume in Mid-September.

During the Summer Quarter, it is anticipated that therapy groups, clinical situations, and tapes will be presented for transactional and game analysis, interspersed with special lectures, didactic-clinical discussions, and problems of group and organizational dynamics.

FALL INTRODUCTORY COURSE

There will be a regular eight week Introductory Course offered in San Francisco, starting in October. Those desiring to be notified should send their names to Transactional Analysis Bulletin, Box 5747, Carmel, California. Formal announcements will be sent out in September.

APA & USC

Details concerning transactional analysis at the Annual Meeting of the American Psychiatric Association in St. Louis will be found on page 77. An Account of the Idyllwild workshop in Transactional Analysis and Family Therapy, held under the auspices of the University of Southern California and the Southern California Association of Marriage Counselors, will be found on page 78.

AGPP

The Association for Group Psychoanalysis & Process in New York desires us to announce that it is holding workshops on Thursday evenings (Berger, Rosenbaum, Leichter, Mullan, & Sangiuliano). Enquiries should be sent to Dr. Cornelius Beukenkamp, AGPP, 993 Park Avenue, New York 28.

The Seminars

The San Francisco Social Psychiatry Seminars function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and educators. The teaching is primarily oriented toward group therapy and group work based on transactional analysis. Research in social dynamics is carried on as funds become available. Since there is no endowment, the Seminars, now in their sixth year, have been almost entirely supported from tuition fees. Contributions are always welcome.

The Seminars are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. In certain cases, well-recommended undergraduates are eligible to attend. Professional workers are always welcome to visit the permanent clinical seminar (Course No. 202) which runs all year round, and can become Active Members, if otherwise eligible, on completion of the Introductory Course or its equivalent.

Active members who leave the San Francisco area or for other reasons cannot continue regular attendance are invited to become Members At Large ($10 per year, or $5 per year for students). They will receive the Bulletin and retain their attendance and voting privileges.

Professional workers who wish to receive the Bulletin and have the privilege of attending the Seminars whenever they are in San Francisco may become Associate Members ($5 per year). Subscriptions to the Bulletin are available to institutions and libraries at $3 per year.

The Seminars meet in mid-week at 1200 Washington Street, San Francisco. Correspondence regarding attendance should be addressed to the Secretary, San Francisco Social Psychiatry Seminars, Box 5747, Carmel, California. Those desiring mail membership (At Large or Associate) may fill in the coupon below.

Send to: T. A. Bulletin, P. O. Box 5747, Carmel, California

Please enroll me in the San Francisco Social Psychiatry Seminars as a

Member At Large ( ) ($10) Student Member At Large ( ) ($5)

Associate Member ( ) ($5) Subscriber ( ) ($3)

Name: _____

Address: _____

_____

Profession: _____ Degree: _____

Affiliation: _____

Check enclosed ( ) Send bill ( ) (U.K. 6/— per dollar)

SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS
FOR THE STUDY OF TRANSACTIONAL ANALYSIS
AND SOCIAL DYNAMICS

A NON-PROFIT EDUCATIONAL CORPORATION

TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 2 OCTOBER, 1963 NUMBER 8

Page

SCIENTIFIC PROCEEDINGS

SUMMER QUARTER, 1963 - - - - - - - - 87

SUMMER CONFERENCE

PROGRAM - - - - - - - - - 90

TRANSACTIONAL ANALYSIS WITH PSYCHOTICS - - 91
Gordon Haiberg

TRANSACTIONAL ANALYSIS WITH ADOLESCENTS - 93
David Kupfer

TRANSACTIONAL ANALYSIS WITH ALCOHOLICS - - 95
Robert Goulding

TRANSACTIONAL ANALYSIS IN CORRECTIONAL WORK 96
Franklin Ernst

SOCIAL DYNAMICS

CLASSROOM GAMES - - - - - - - - 97
Stanley Soles

A LIVING PROBLEM - - - - - - - - 97
C. St. Cyr

ORGANIZATIONAL NEWS - - - - - - - - 98

EDUCATIONAL ACTIVITIES - - - - - - - - 99

AFFILIATE SEMINARS - - - - - - - - 99

TRANSACTIONAL ANALYSIS BULLETIN

Published Quarterly by

THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

A NON-PROFIT EDUCATIONAL CORPORATION

VOLUME 2 OCTOBER 1963 NUMBER 8

The Transactional Analysis Bulletin is published quarterly to keep members, former students, and other interested parties current with scientific, educational, organizational and personal activities of the San Francisco Social Psychiatry Seminars and its affiliates. Subscriptions are available to institutions and libraries at $3 per year (U.K. 18/-). Subscriptions and enquiries should be addressed to The Transactional Analysis Bulletin, P. O. Box 5747, Carmel, California, 93921.

Contributors

Short summaries of newly discovered transactional games or other original observations, brief accounts of clinical, scientific, or teaching activities, letters to the editor, or personal and organizational notes should be addressed to the Editor, Transactional Analysis Bulletin, at the above address. Such contributions are encouraged as the best way for members in various parts of the country to keep in touch with each other.

Advertising

Rates for classified and display advertising will be submitted on request. The Bulletin reaches a select audience of professional people in the San Francisco Bay Area and other parts of the country.

Editorial and Circulation Assistant, Mary N. Williams

THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

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SCIENTIFIC PROCEEDINGS

SUMMER QUARTER — ADVANCED SEMINAR - 202 - JULY — SEPTEMBER 1963

The abstracts below are written for professional readers who are assumed to be familiar with the basic principles and terminology of transactional analysis.

July 2. The Membership. "Consultation by Mail."

This is the first experience at the Seminars with formal consultation by mail. About 25 members and visitors were present, nearly all familiar with transactional group dynamics. A tape-recording was sent by a team of research workers from a Behavioral Institute in another city. The research proposal was read aloud by the Seminar Chairman (omitting reviews of the literature), and then the tape was played. The subsequent discussion was recorded and mailed back to the staff of the BI.

The tape contained the proceedings of the 13th meeting of a "self-directed therapeutic group," one of several such groups in the project. The chief aim was to compare "self-directed" and professionally-directed groups for "therapeutic effectiveness." The Seminar focused on the Authority Diagram in order to predict what would occur at the meeting.

1. The "research proposal" was stereotyped, indicating that the BI was involved in a standard game of "research grant." It was by inference addressed to a "Committee." In effect this phantom Committee was a black box into which a properly coded "research project" was fed. The output was either a grant of money or a refusal. The strategy was to obtain money, and this strategy took precedence over the actual content of the "research." The results of the present project, when fed back, would result in more money if strategically stated. Hence this phantom Committee was the real leader, effective, psychological, and responsible, of the whole project. It was therefore predicted that any games played by the patients would be played with this phantom, except for adventitious games which might take place between members who by chance happened to play complementary game roles.

2. Since "leaderless groups" have the structure of parties and not of groups, it was predicted that the bulk of the proceedings would be pastimes rather than games, since parties are for pastimes.

3. The odds were at least 100 to 1 that the researchers would consider their findings positive. It was inconceivable, in view of the language in which the "proposal" was couched, that they would find the results negative.

The "therapeutic event" (sic) on the tape validated all the predictions. After a period of pastimes, a "hostile resistive" member cheated by asking "What are we really doing here?" She was promptly frozen out by the other members, and left the room. In effect, she wanted to know what was in the "black box." But even she did not have the initiative to find out by simply walking up to the observation mirror and looking into the observation room. Up to that point the proceedings were dull, banal pastimes. After she left, the other members "felt guilty" but managed to recover. This was taken by the BI as an indication of something significant. For the Seminars, the "guilt" was merely the crudest kind of mask for their evident pleasure at having got rid of her, since she threatened to spoil their lark. It was evident that the experiment was a "free picnic" for the members. It is more fun if those attending such a picnic don't know who is paying for it. The best way to handle a drip who asks practical questions is to get rid of her.

July 9. Eric Berne: "Didactic Review of Transactional Game Theory."

July 16 & 23. Stanley Soles: "A Study of Classroom Games — Progress Report."
(See page 97 of this issue).

July 30. Larry Means: "A Project in Correctional Group Therapy."

M started by presenting the authority diagram in all its aspects and implications and was thus able to outline his project systematically, fully and concisely. He then broke the organizational contract into its administrative, professional, and technical components, and outlined his personal motivations and purposes. The projected transactional group was to be carried out on his own time. This freed him from many organizational strictures and games.

August 6. (1) Robert Goulding & Jean Kanevsky: "A Group of Pre-Delinquents."

A minister in a small village persuaded some pre-delinquent boys to attend a series of psychiatric group meetings. The minister held one meeting, at which he promised the boys PTA, and then went on his vacation. At the second meeting, the psychiatrist and social worker took over and made it clear that they would not play PTA. ("How do we handle delinquent parents, delinquent policemen, etc."), but would help the boys instead with their inner anxieties. The boys said they would be back the following week. During the week the gang leader was arrested for a negligible offence and put in jail. Some of the parents of other boys indignantly refused to pay the nominal fee. The following week none of the boys appeared for the meeting. Thus (1) The rescuer deserted them (2) The therapists refused to rescue them or play their chosen game (3) The effective leader was incapacitated by the enemy (4) The boys' parents deserted them. The therapists' error was in failing to study the authority diagram exhaustively, and to establish firm contracts with all the parties involved.

(2) Eric Berne: "New Aspects of the Cinderella and Red Riding Hood Scripts."

Cinderella's basic games are: "If It Weren't For Them" and "Ain't It Awful." Red Riding Hood's are "Rapo" and "Let's You and Him Fight."

August 13. Gordon Haiberg: "Transactional Analysis with Psychotics."

H presented preliminary considerations for his paper to be read at the Summer Conference. Psychotic behavior is the chief barrier to the rehabilitation of psychotics, and this can best be put under control through structural analysis. Dynamic analysis may make the patient more comfortable, but does not as effectively alter his behavior. A single decisive hook thrown into the patient's Adult in a well-timed way may fit him for discharge by establishing social control. His condition may be stabilized by subsequent psychodynamic therapy if that is available. From the public health point of view the social rehabilitation of large numbers of psychotics is a more pressing problem than the firm stabilization of a few. (See p. 91 of this issue).

August 20. (1) Viola Litt: "A Suggestive Letter from a Prison Inmate."

L is the first female correctional counsellor in her section of the male institution. After a group meeting, an inmate wrote a suggestive letter. The rules required her to report this to the authorities, The question was how she should handle this in the group. The Seminar first took the etiological approach: why did it happen, what did L contribute to it, what game was the inmate playing (e.g., "How Do You (Not) Get Out Of Here"). Should she have broken the rules and dealt with the patient herself? (That would be playing a game with the authorities). These considerations soon emerged as irrelevant. The over-riding problem was the group dynamic problem. How could she best show the inmates that she would not play games? This incident must be treated not as an isolate, but as a precedent, which would determine her whole career at the institution. Hence the etiological approach was trivial and banal.

(2) Planning for the Summer Conference.

August 28. Retrospect on Summer Conference.

Since the Conference had proceeded satisfactorily, there was little to be said about it. It was probably the best psychiatric conference held in 1963 (i.e., the most instructive and game-free), but that did not mean that it could not be improved next year. Some wanted a longer conference with more small groups. Transactional analysts should cultivate the arts of writing and public speaking. Seating diagrams should be exploited to the fullest for the sake of clarity when presenting groups.

September 3. (1) George Jones: "Control of Charities in a Small Town." (See TAB 2:71, July, 1963).

In April, J presented a group of charities with interlocking directorates, all effectively controlled by a powerful shadowy "Mr. X." Workers in these charities were reduced to compliance without initiative because X was incommunicado to them. Systematic analysis indicated that J should interview X. The Seminar members laughed at this "impractical" suggestion. Four months later, J went to interview X and was granted 15 minutes. In true transactional style, J elided rituals and pastimes and immediately on entering asked: "Is it true that you call the shots around here?" A few minutes later, X moved the interview from his antechamber to his private office and spent a whole hour instead of 15 minutes with J. The question now is whether X will remember J.

(2) Cecille Hochman: "Structural Analysis and Art."

H drew a portrait of a friend and was conscious that her Parent was influencing her to make the friend look more agreeable. She then drew another portrait, free of Parental influence. It still looked like her friend but was quite different. H said her Adult had taken over in the second portrait. Some members felt that it was her Child who had been freed, and that the second portrait was drawn by a Child-programmed Adult where the first had been drawn by a Parent-programmed Adult.

September 10. Eric Berne: " A Transactional Group Meeting."

B presented orally a "random" group meeting, i.e., one which had taken place the day previously. The proceedings were clear and intelligible transactionally without any need for a tedious review of the background of each patient. This was contractual group treatment, and not "group therapy." The immediate and ultimate therapeutic goal was clearly defined for each patient. Both therapist and patients knew what they were doing and why they were doing it (within the limits of each patient's current insight). Ella had abdicated most of her games and attained social control, to the benefit of her marriage. She had now entered an advanced structural phase: "How can a little girl like me do such an effective job in my profession? They know I'm not really grown up." It was Bonnie's fourth session; she had given up collecting depressive trading stamps toward a suicide, and could now see with interest and delight how others played games. Her insight was on a "Me Too" basis. She was told the next step: she must learn to see not only games she herself played, but even games she herself did not play. The therapeutic planning for the following week and for the next three months was outlined for each of the seven patients present.

A THOUGHT FOR AUTUMN

It is self-evident that medicine involves the art of healing - although (it may) appear as if this had hardly anything to do with the matter. Only those who regard healing as the ultimate goal of their efforts can, therefore, be designated as physicians.

Rudolf Virchow (1847)

PROGRAM OF THE FIRST SUMMER CONFERENCE

AUGUST 24 - 25, 1963

General

SATURDAY

9:30 - 10:00 a.m.	Registration
10:00 - 10:15	Preliminary Orientation (Franklin Ernst)
1:00 - 3:00	Luncheon and Check into Rooms
6:00 - 7:00	Dinner
10:00 p.m. on	Graduation Party

SUNDAY

9:00 - 9:30 a.m.	Breakfast
1:00 - 2:00	Lunch
2:00 - 2:15	Summary and Farewell (Robert Goulding)
8:30 - 11:30	Post Graduation Party

Scientific Sessions

Section I (Introductory)

Saturday, August 24

10:15 - 11:30 a.m.	"Structural Analysis, Diagnosis, and Simple Transactional Analysis" (Berne)
11:45 - 12:45	Small group discussions (Collins, Kupfer, McCormick)
3.00 - 4:15	Lecture: "Time Structure and Games" (Berne)
4:30 - 5:30	Join Section 2 for Transactional Analysis in Late Adolescence
7:00 - 8:15	Lecture: "Transactional Group Dynamics" (Berne)
8:30 - 9:30	Join Section 2 for Patient Panel on Alcoholics

Sunday, August 25

10:00 - 11:15 a.m.	Lecture: "Transactional Group Treatment" (Berne)
11:30 - 12:30	Small group discussions (Collins, Kupfer, McCormick)

Section 2 (Clinical)

Saturday, August 24

10:30 - 12:30 a.m.	I. Transactional Analysis in the Psychoses (Gordon Haiberg, Chairman)
3:00 - 4:15	II. Transactional Analysis in Early Adolescence
4.30 - 5:30	Transactional Analysis in Late Adolescence (David Kupfer, Chairman)
7:00 - 8:15	III. Transactional Analysis with Alchoholics
8:30 - 9:30	The Patient's Viewpoint (Panel) (Robert Goulding, Chairman)

Sunday, August 25

10:30 - 12:30	IV. Transactional Analysis in Correctional Work (Franklin Ernst, Chairman)

SUMMER CONFERENCE SUMMARIES

Section I - Part I

TRANSACTIONAL ANALYSIS WITH STATE HOSPITAL PSYCHOTICS

Gordon Haiberg, M.D., Chairman

Assuming a basic position of "I'm OK - You're OK," so that therapy becomes a partnership or cooperative venture, is an ideal few therapists attain or understand how to attain. Transactional analysis offers a way for them to recognize their destructive verbal and nonverbal communication and behavior, leaving their "computer" free to solve problems. For a long time it was taught that psychotics are impossible or difficult to treat on account of unintelligible communication or their inability to form a valid doctor-patient relationship. Hence, one problem is to train therapists in the concept that psychotics are OK, and then to develop an economy of words and thinking that makes the therapy easy to understand.

In large institutions, one aim is to avoid overtreatment, leaving more time available for treating other patients. Treatment begins with the first exchange of glances between the therapist and patient, when the therapist enters with the basic position "I'm OK - You're OK." Psychotics are yearning to establish a more meaningful relationship with people. The staff may assume one of the undesirable positions ("I'm OK - You're not-OK;" "You're OK - I'm not-OK;" 'I'm not-OK - You're not-OK") toward psychotics, triggering an overwhelming destructive set of verbal or nonverbal maneuvers which causes authorities to respond by keeping the patient in the hospital. Some common psychotic maneuvers tend to initiate a game of "Uproar." One type of patient says: "Boo! I'll scare the hell out of you!" (by using loud boisterous talk, profane language, or disturbing facial expressions, body gestures, or seductive or sensuous body movements). Other versions are: "I'll talk the hell out of you," or "I'll whine - cry - laugh - the hell out of you." The meaning of "hell" in these colloquial expressions being that they have determined in a matter of moments that the therapist has the conviction that they are not-OK. If they are not-OK to him, it is because he does not understand them.

On the hospital ward obligatory groups of 8 to 12 psychotic people meet once a week for one hour. The group contract is simple. One person at a time will be listened to, each talking in his turn, and no hand to hand fighting or sex with another individual is allowed. When these usually very perceptive individuals are confronted by an individual who assumes the position "I'm OK - You're OK," this is a new and intriguing experience for them. The Adult is "hooked" by this human assumption, and begins asking. "How come you're on the outside and I'm on the inside?" The question is not answered immediately but at the intuitively correct time after the therapist has had the opportunity to establish what is the most destructive maneuver or game the person is using. The patient is simply and directly informed, for example: "You scare the hell out of people." The maneuver or game is named and the therapist makes it clear that he won't participate in recognizable destructive behavior, that "You know what you are doing." The sudden one-sidedness of the relationship arouses the patient's curiosity and he on his own stops using the destructive maneuver. He rediscovers then that the Adult can have control over reality and he again realizes the effectiveness of his own strength. It is as though the clutch on a car had been repaired so that the car could move again. The spark plugs, tires and body might not be in top condition, but by correcting the major defect a change becomes apparent. The individual need not understand the technical aspects, but he and the therapist understand what a very small bit of psychotherapy can do; meanwhile the rest of the members witness the phenomenon occurring before them

in this particular individual. The shared intelligibility seems to reduce the patient's alienation, as Whitehorn points out, and both the equals share a feeling of partnership in the venture.

The fact that the patient continues to live in a custodial, mill-like environment in the state hospital which has been maintained for decades, is actually an advantage because it dramatizes the effect. Nothing has changed on the outside, yet the person has gained prestige and dignity again. He is frankly told he is OK, he is important, because of the uniqueness of his being a human being, and he starts to gain hope. When the Adult can begin processing data, listening, learning, and helping in decisions, the innate regenerative powers begin operating on their own and the healing process begins. Fortunately, most people use few very destructive maneuvers; but when there is a mixture one exposes and demonstrates the most destructive first.

Psychotics play the same games as other people, such as "Making Mother Sorry," "See If You Can Help Me," "Poor Me," "How to bug the doctor," "How to please the doctor," "Court-Room," "Ain't It Awful," "If It Weren't For Him," and "Rapo" - first and second degree. Favorite games of epileptics on a chronic psychotic ward are: "Let's You and Him Fight," "Wooden Leg," and "Uproar." The majority of the involutional psychotics of the depressive type play "Poor Me," and along with their group therapy they are placed in a Nurses' Aide program working on a geriatric ward. This seems to be a very effective means of industrial therapy that can be used to break up such a destructive game. By dealing with the destructive maneuver or game of the moment, or the here and now, rather than attempting to get a panoramic view of the Child's destructive behavior of the past, one gives the individual hope that he can reprieve himself from the destructive behavior of the present. The "Quiet" maneuver of the chronic catatonic is most difficult to treat because there is no way for effective symbolic stroking, and perhaps body massage and back rubs should be utilized. Delusions, hallucinations, suicidal and homicidal thoughts are discussed frankly and in a matter of fact manner through the use of structural analysis.

Favorite games of therapists are "How to please the patient," "How to bug the patient," "I'm Only Trying To Help You," "Psychiatry - - I Have A Feeling," "Court-Room," and "Rapo" - first and second degree.

What happens if the patient gets well or returns to his premorbid personality? Let the individual solve that problem by going over the script realizing that it can be adapted and that he has the privilege and responsibility of making the choices as far as his future is concerned. One cannot convert an old model into a new sports model by the previous procedure but the individual is now in a position to decide whether or not he wants to embark on a more intensive individual analytic therapy.

Summary: One assumes the position "I'm OK - You're OK - because of the uniqueness of being a human being." The most destructive maneuver or game is identified and at the intuitive time the person is confronted directly. This is followed by intuitive stroking, and the economy-mindedness of transactional analysis should leave one free for this. The script can be adapted. Organics with psychosis, manic depressives, involutional psychotics, and paranoid schizophrenics respond to this procedure. Perhaps ideally the game-free therapist can take the luck out of therapy.

Discussion

R. Hodges (Pasadena) recounted how a catatonic had responded dramatically to being rocked in a rocking chair and drinking from a glass of water meanwhile. It was pointed out that the scotch douche was a form of stroking and intimacy at a distance with water hoses.

Section I - Part II

TRANSACTIONAL ANALYSIS WITH ADOLESCENTS

David Kupfer, Ph.D., Chairman

Kupfer's presentation was divided into two parts: Early Adolescence, presented to the Clinical Section, and Late Adolescence, presented to a joint meeting of the Introductory and Clinical Sections.

A

Early Adolescence (Ages 13 - 14)

The group presented consisted of six boys and one girl, who had had thirty meetings. Average attendance was 79.2% (Absences 7% resistance, 12.8% accidental). During the school year attendance was 90% (Abences 3% resistance, 7% accidental). During the vacation months of July and August attendance was 68.5% (Absences 11.1% resistance, 20.4% accidental).

K started this group because he wanted to teach transactional analysis to adolescents. "Curing" and "helping" committments were avoided. K first clarified for himself, then interpreted to both parents and group members his goal - - "I'll **teach** you transactional analysis." No other specific contracts or committments were made. In this way it was hoped to avoid games.

K found he had to avoid three temptations. 1. To show off to the group "how good he was." 2. To participate in their really clever joking games. 3. To admonish them Parentally to be quieter.

This age group tends to be loud, rambunctious, and seemingly indifferent as to whether they gain anything from the experience or not. Regardless of how Adult K remains, they still view him as a parent. They tend to discuss little of real substance which can be picked up and used. TV programs (especially pertaining to "blood and guts," maiming and violence), school and friends are the main topics. A more didactic presentation than in an older group was used after "clinical" material was introduced by the group.

In the fourth meeting David described an incident where he was conned into buying a radio. Discussion of this incident provided an opportunity to point out that it was the Child who had been conned by the salesman. In the sixth meeting Melissa described an incident in which she could see an Adult and a Child in her two year old sister.

Panic was discussed at the ninth meeting and provided the opportunity to interpret the difference between Child fear (unrealistic) and Adult fear (realistic). Members stated: "We need to be more Adult." Some decisions regarding acceptable behavior were made by the group. In the fifth meeting a great deal of scuffling occurred. K asked, "What are we going to do about the scuffling?" David responded, "Let's have a 'no hands' rule." This rule was accepted and has been invoked by the group several times since then.

Phillip described an incident in which he aggravated his French teacher and got into trouble in class. Although he is an excellent student, this was not the first such incident. K interpreted this, saying: "Your Child sets it up to aggravate the teacher's Parent so you get kicked out of class, though your Adult knows that you are there to learn and that it doesn't matter whether you like your teacher or not." The Adult was described as dealing with facts rather than feelings, and as able to predict the outcome of behavior. Child intuitions and the Adult's ability to make predictions were explored with didactic presentations and the use of group material. Phillip commented at the end of this meeting, "This was a good meeting. I'm glad I'm here." This was an opportunity for K to ask "Why are you here?" Responses varied from "I want to learn something" and "If I understand things better, I'll get into less trouble," to "I'm here because

my mother makes me come." To date, the parents whose games oppose their offsprings' getting well (parents who will resist or stop the child's therapy when he shows improvement) have not become evident. Perhaps this is because the emphasis is on teaching and not "curing."

During the audience discussion two main points were highlighted. 1. The importance of the group leader's clear self-appraisal and quick decisions regarding possible interference by his own Child or Parent. 2. The desirability of a "clear" and simple contract with the group members.

B

Late Adolescence (Ages 16 - 18)

There are five members in this group. The contract has been kept simple; that is, "I'll teach you something." As developments warrant, this contract may be modified.

At the first meeting Linda, Christine, Dennis and Robert were present. Silences produced obvious discomfort from the start and Robert appeared most anxious to structure the time, mostly with talk about movies, models, and hobbies. Then he let it be known that his parents were fighting, and tried to set up "Let's You And Him Fight" between K and his father. Linda played elementary Introjective Psychiatry: "I don't get to see movies like you guys, but I am too lazy to call a friend to go with me." Dennis, whose father and younger brother play "Stupid" in their respective groups, showed similar tendencies by becoming incoherent, confusing and confused when attempting to tell a story. Christine, Linda and Robert played "Ain't It Awful" regarding "kids" with windblown hair and delinquent behavior. Since all the members had some acquaintance with Child, Parent and Adult through K or their parents, K diagrammed "Ain't It Awful" (without using the term) and also Robert's attempt to set up "Let's You And Him Fight."

K felt that the group moved swiftly in grasping concepts and that games will probably emerge faster than they would in a younger age group.

At the second meeting engagements and games showed themselves more clearly. Linda followed up on "Introjective Psychiatry," describing anxiety attacks, fear and envy of people, fears that she "might go crazy" or "might want to look crazy to people." She ostensibly asked for sympathy and reassurance. Robert said "Our Cadillac is only a 1962 model," and talked about expensive hobby models. They soon called his talking this way, "62 Cadillac talk" used to impress girls. When he showed off he was frequently challenged as playing "62 Cadillac" again. He also called himself "stupid," and the group's questioning elicited that he learned to act stupid from his father.

Dick told the group that he had been invited to a rousing party and after his Adult analyzed it and predicted possible trouble, he decided not to go, even though his "Child had been looking forward to it." Dennis talked about wastefulness, from which the group elicited that Dennis has a thrifty Parent, who is concerned with waste.

Later K had an opportunity to demonstrate an ulterior transaction on the blackboard.

Sample questions from the audience were "What fee is being charged?" "Isn't the pace too fast for them?" and "What did Dick offer his Child as a substitute for the party?" In general, the audience indicated approval of K's simple contract, methods, and fast pace.

Section I - Part III

TRANSACTIONAL ANALYSIS AND ALCOHOLISM

Robert Goulding, M.D., Chairman

A

G first presented the administrative and technical aspects of a therapy group of "alcoholic" patients. The project was initiated by a social agency. The contract, however, is not with the social agency, but with the individuals who attend the group. This frees the therapist from the administrative structure of the agency, so that he can concentrate entirely on therapy.

The contract (1) Each member will attend AA before joining. (2) He must come to the group sober, since the therapist cannot work with him if his Child is in control. (3) He must agree to attend 12 sessions. The therapist agrees (1) to help them stop playing games, by using transactional analysis.

Game Analysis Someone diagrammed his concept that the Adult is first to be anesthetized by alchohol, and then the Parent and Child play games; others thought the Parent went first. Further study was required. It was agreed that the therapist's Adult had to function continuously.

Role of Therapist If the therapist talks he is not listening. The first few minutes in the first session of treatment are important. The prescription of drugs is left to the family doctor, otherwise the therapist may contaminate his role as therapist.

The Games "Alcoholism" is a symptom. The first question to be answered is: "Why does the patient take the first drink?" Wooden Leg is common ("What do you expect of a man who - - -"). The alcoholic uses drinking as a pay-off. He drinks when the Adult is decommissioned.

F. Matson maintained that the pay-off is the hangover, not the drinking: the Parent is then punishing the Child. G agreed: he told about a woman who had been dry for many months; she dreamed about drinking and the next day had a hangover. M. Boyce asked at what age the Child decides to be a drinker. The consensus was that, since "alcoholism" involves several games, this age varies with the individual.

B

Seven members of therapy groups then took their places on the rostrum and functioned as a panel on the subject of alcoholism.

These were present during the presentation of G's paper and the subsequent discussion. One member opened the panel by saying: "After listening to the discussion I don't think these people know what alcoholism is all about." They recognized that as a group they were playing AA, PTA, and that one member was playing Wooden Leg. Their position was "I'm No Good."

Someone in the audience questioned the existence of blackouts. A panelist described preparing and serving a dinner without being able to recall any of this the next day.

Reaction to group therapy was discussed at some length. A panelist said: "We all buck against it to begin with. When I went to the first session I felt so sick afterward that I had to stay in bed." Others agreed it was difficult. They also agreed that placing alcoholics in the same slot was not valid, and that they should be thought of as individuals. The pay-off in alcoholism varies from person to person.

Another member described the benefits to her family of being game-free. She can recognize the games she starts to play and can knock them off. Her husband and the children identify games played in the family, and are able to keep the Child under better control by the Adult.

TRANSACTIONAL ANALYSIS IN CORRECTIONAL WORK

F. H. Ernst, M.D., and W. J. Collins, M.S.W.

In prison therapy groups the inmates racketeer with the treatment. They "rat pack" (the hot seat technique) a member, "pull a stick up job" with therapy time ("I'll get mad if you don't ---"), "run a protection racket" with fellow members' confidences ("and you better not talk about us to the therapist"), embezzle the therapy to the wing ("we already covered all that last night in the wing, Doc"), and "till-tap" the conversation.

The therapist who remembers the inmate's stated objective: "I want to get out of here," can contrast this with the inmate's behavior both outside and inside the group, which is not conducive to securing release from prison. The patient can be shown here the presence within himself of a rebellious Child.

In California prisons an annual psychiatric report is written for the releasing agency based on an inmate's preceding performance. The key element governing the inmate's behavior during the group sessions is the effect he will have on the therapist's writing of this report. Because of the multitudes of judicial, sociological, and psychological reports which have been duly recorded and filed throughout the individual's life (finger-printed and "mugged"), the therapist can focus on the meaning of such report writing in the inmate's life, and the satisfaction the inmate derives from being a report subject. Therapists who try to ingnore the fact that they have a report to write will also, probably, miss the fact that they are being subjected to the patient-inmate maneuver of "How do you please the doctor?" throughout the group session.

When "Cops and Robbers" is recognized as a game, the evident joyful pleasure of the recently "recaptured" man is not an incongruity (just as in childhood "hide and seek" the object is for the hider to be caught, found). The social cure of the recidivist involves ultimately his renunciation of the satisfactions derived from "C & R," and the use of "go-to-jail" as the solution to internal or external situations. The cure of the patient himself then turns to clarification and alteration of the childhood script.

The audience was interested in the organizational structure behind correctional groups, as shown in the authority diagram of the Department of Corrections and the Adult Authority (releasing agency).

A ten minute segment of a recently recorded group session was played to the audience, using a seating diagram, to show how an inmate (Phil) attempted to "till-tap" the therapist's mind. The diversionary tactic of "working" with a second man (Tim) on the problem of a third inmate (Roy) "to help him" was the first step. Step two was for Phil to divert the therapist's attention by correcting himself: e.g., "mature, I mean Adult," "childish, I mean Child," without looking at the therapist. This was intended to make the therapist (the till) get mad at him or straighten him out, so that the content of the conversation would be overlooked. Instead the therapist interrupted (without the expected "parental" anger or apologetic smiling) in such a way as to break up and expose both of Phil's games: "The Therapist Is Supposed To Listen To Me" and "I'm Only Trying To Help Roy." The audience could see clearly what was happening on the tape, and laughed appreciatively. Some then asked for clarification of the word "maneuver" as applied to Phil's behavior. E refrained from pointing out that the Child in them when laughing understood clearly what "maneuver" meant, while their Adult did not.

SOCIAL DYNAMICS

A STUDY OF CLASSROOM GAMES — PROGRESS REPORT

Stanley Soles

S presented a framework for viewing the role of the teacher. He raised the question as to whether teachers could operate as "authentic" persons without being either "organization" men or jerks. An authority diagram was traced from the federal, through the state to the local level, including the image of the school principal, surrounding the choices open to a teacher in undefined situations presented by students in the class. Incidents were cited which led to an analysis of the similarities and differences between therapy and education. Comparisons were made in terms of purpose, presence or absence of a "contract," methods, focus of the relationship, levels of concern, setting, frequency and time, and lastly the roles of therapist and teacher.

S, who is a professor of Education at San Francisco State College, has collected incidents from teachers and pupils on ways of "pleasing" and "bugging" teachers. He provided examples both from his study and from anthropologist Jules Henry's **Culture Against Man** (Random House, 1963). Incidents were given to show how games develop in the classroom; multiple activities, pressure of time, pseudo-stroking, and other cross-communications were reported. Discussion of the compulsory attendance laws which bring students to school place the teacher in a situation like others in institutional settings. The teacher may have no contract with his pupils, but neither do parole officers or therapists in prisons. Position analysis was found to be possible with game incidents in which bored students played "What are you going to do about it?" after teacher became Parental.

Teachers can stop games by recognizing and naming them, and then refusing to play. The technique of incident collection of games from teacher memory is of limited value. It does not give adequate behavior clues from which inferences regarding ego states may be drawn. Descriptions of the nonverbel communication are of vital importance. Numerous suggestions were made for a one-sentence question which would elicit an example of a game from others.

(Speaker's Abstract)

A LIVING PROBLEM

"TRADING STAMPS"

Cyprian St. Cyr

R. Horseley, the sage of the Ozarks, met a man who was weeping and said he was going to kill himself. "Let us start over," said Horseley. He gave the man some grocery store trading stamps and a little book to paste them in. "Every time someone hurts your feelings," he instructed him, "tear off one of the stamps and paste them in the book. When the book is full, come back to me." In a few months the man came back with the book filled with stamps. "Now," said Horseley, "carry this book around with you wherever you go, since it entitles you to a free suicide whenever you wish." "Free of what?" asked the man. "Free of guilt," replied Horseley. The man put the book in his pocket and went away happily. Every time Horseley saw him after that the man thanked him and went off smiling.

One day Horseley found the man weeping and asked him what the trouble was. "I mislaid the book of trading stamps," the man replied. "Now I am not entitled to a free suicide." Horseley reached into his pocket and pulled out another book full of stamps. "Here," he said. "Take this one. I always carry a spare, and you have earned it." The man thanked him effusively and once more left smiling. Whenever Horseley saw him after that, he was still smiling.

The question is, what is the life expectancy of that man?

ORGANIZATIONAL NEWS

SUMMER CONFERENCE REPORT

The first Summer Conference on Transactional Analysis was held at the Asilomar Conference Grounds near Monterey, California, on August 24 - 25, 1963. There were 90 registrants, 45 in the Introductory Section and 45 in the Clinical Section. They came from all parts of the West from Edmonton, Canada, to San Diego, California, many of them bringing their spouses and children, so that there were about 150 people in all. The Los Angeles contingent was the most enterprising, transportationwise, one arriving by private plane and another by motorcycle. They included psychiatrists and other medical specialists, social workers, psychologists, correctional workers, sociologists, educators, and nurses.

Since there was no way of predicting the attendance, this being our first conference, two lodges had been reserved, but we soon overflowed into a third, and most of the registrants stayed on the Conference Grounds. The housing was most ably handled by the Registrars, Ellen Berne and Janice Way, under the guidance of Mrs. Roma Philbrook, Manager of the Conference Grounds. Ricky Berne acted as messenger boy and junior electrician. The preliminary paperwork was handled by the Seminar Chairman and Mary N. Williams, the editorial and circulation assistant of the Bulletin. On Saturday evening, Dr. and Mrs. Robert Goulding of Carmel opened their house and grounds to all the registrants for a Graduation Party, assisted by Catherine, Roberta, Philip, Harry, and Kelley Goulding, together with Mrs. Franklin Ernst, and Harry, Neil, and Dan Ernst. There was a keg of beer and other refreshments out in the moonlight on the back patio, and music was supplied by phonograph, guitars, and an organ. The guitarists were Jerry Nims, Caroline Samuels, and a visiting minstrel, and the organist was Mrs. Solon Samuels. On Sunday evening the remaining (or left over) registrants were entertained at the home of Dr. Eric Berne in Carmel.

The scientific sessions and the introductory course were well received, and several out of town visitors predicted that next year the attendance would be doubled. Reservations have been made at the Conference Grounds for the weekend of August 22 - 23, 1964.

ANNUAL MEETING

The Annual Meeting of the San Francisco Social Psychiatry Seminars, Inc., will be held following the regular scientific session on October 30, 1963, at 1200 Washington Street, San Francisco. Due to the rapid expansion of the Seminars and their Affiliates during the past year, there will be three urgent topics to discuss: finances, housing, and affiliation.

Transactional Analysis Bulletin, Supplement #1, has been published for the benefit of those teaching this subject clinically or academically. It is entitled **Outline For An Introductory Course In Transactional Analysis and Social Dynamics.** The first edition is 13 pages in mimeograph, interleaved with blank foolscap pages for instructors' notes, giving topical headings for a course of eight lectures. Subscriptions at $2.00 may be sent to Transactional Analysis Bulletin, P. O. Box 5747, Carmel, California, 93921.

George

(Our sponsored orphan in Crete)

George sends us a poem for Easter: "If it would be possible to open my heart, you would find nice flowers but faded, and they are faded because of you my dear." We sent him $5 extra for Easter food, for which his mother thanks us.

EDUCATIONAL ACTIVITIES

Seminar 202, Transactional Analysis in Clinical Practice, will resume meeting every Tuesday evening at 8:30 p.m. starting October 15 at the office of Eric Berne, M.D., 1200 Washington Street in San Francisco. Professional visitors are welcome. It is suggested that they check in advance by telephone, PRospect 6-4256, and they are requested not to arrive before 8:20 p.m. There is no fee for this Seminar, but those who come regularly may wish to become Active Members. Meetings will continue until December 17, and will then resume in January, 1964 after the Christmas vacation.

During the Fall Quarter, it is anticipated that therapy groups, clinical situations, and tapes will be presented for transactional and game analysis, interspersed with special lectures, didactic-clinical discussions, and problems of group and organizational dynamics.

FALL INTRODUCTORY COURSE

The next introductory course will be offered starting October 23, 1963, open to those with a degree in the medical or social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university or college. A Certificate of Completion will be issued on request.

101. Introductory Social Dynamics. A theoretical introduction to transactional analysis and group dynamics. Wednesday evenings at 8:30. Eight meetings, October 23 - December 11. Fee $50, payable in advance. Enrollment is limited to 30.

The course will meet at the office of Eric Berne, M.D., 1200 Washington Street, in San Francisco. **The office is not available before 8:20 p.m.**

For enrollment, send check to SFSPS, Box 5747, Carmel, California, 93921, giving name, address, telephone, degrees, and affiliation. For further information, write the above address or leave a call for the Secretary, Miss Viola Litt, at PRospect 6-1300 in San Francisco.

AFFILIATES

Following the Summer Conference, there was a burst of activity in Southern California. William Collins finished the first Introductory Course in Los Angeles (held through the courtesy of Dr. Solon Samuels at Gateways Hospital), which resulted in the formation of the Southern California Transactional Analysis Seminar (SCTAS) with 15 active members. He is now organizing a new Introductory Course in the East Los Angeles area.

Simultaneously, Robert Hodges is organizing a condensed Introductory Course in the Pasadena Area (SFSPS, Pasadena Branch). The plan is for the Pasadena Branch, after due preparation, to join SCTAS as an Advanced Seminar 202. These are the only "authorized" affiliates of the SFSPS in Southern California. Qualified people with a degree in the medical or social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university or college are eligible to attend the Introductory Courses. For information, contact William Collins, 865 Rimpau, Corona, California; or Dr. Robert Hodges, 3951 E. Huntington Drive, Pasadena, California; or Gateways Hospital, 1891 Effie Street, Los Angeles 26, California.

The Seminars

The San Francisco Social Psychiatry Seminars and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and educators. The teaching is primarily oriented toward group therapy and group work based on transactional analysis, and research in social dynamics is encouraged. Since there is no endowment, the Seminars, now in their sixth year, have been almost entirely supported from tuition fees. Contributions are welcome.

The Seminars and Affiliate Seminars are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. In certain cases, well-recommended undergraduates are eligible to attend. Professional workers are always welcome to visit the permanent clinical seminar (Course No. 202) which runs all year round, and can become Active Members, if otherwise eligible, on completion of the Introductory Course or its equivalent.

Active members who leave the San Francisco area or for other reasons cannot continue regular attendance are invited to become Members At Large ($10 per year). They will receive the Bulletin and retain their attendance and voting privileges. Members of Affiliate Seminars in other cities will also receive the Bulletin.

Professional workers who wish to receive the Bulletin and have the privilege of attending the Seminars whenever they are in San Francisco may become Associate Members ($5 per year). Subscriptions to the Bulletin are available to institutions and libraries at $3 per year.

The San Francisco Seminars meet in mid-week at 1200 Washington Street, San Francisco. Correspondence regarding attendance should be addressed to the Secretary, San Francisco Social Psychiatry Seminars, Box 5747, Carmel, California. Those desiring mail membership (At Large or Associate) may fill in coupon below.

Send to: T. A. Bulletin, P. O. Box 5747, Carmel, California, 93921

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TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 3 JANUARY 1964 NUMBER 9

Page

SCIENTIFIC PROCEEDINGS
FALL QUARTER, 1963 - - - - - - - - - 103

LIST OF MEMBERS - - - - - - - - - 107

INDEX TO VOLUME 2 - - - - - - - - - 111

PUBLICATIONS - - - - - - - - - - - 112

A LIVING PROBLEM - - - - - - - - - 112
C. St. Cyr

SOCIAL DYNAMICS
THE INTIMACY EXPERIMENT - - - - - - - - 113
E. Berne

ORGANIZATIONAL NEWS - - - - - - - - - 114

EDUCATIONAL ACTIVITIES - - - - - - - - - 115
APA ROUND TABLE - - - - - - - - - - 115

TRANSACTIONAL ANALYSIS BULLETIN

Published Quarterly by

THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

A NON-PROFIT EDUCATIONAL CORPORATION

VOLUME 3 JANUARY 1964 NUMBER 9

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members, former students, and other interested parties current with the scientific, educational, organizational, and personal activities of the San Francisco Social Psychiatry Seminars and its Affiliates. All classes of membership in the Seminars include a subscription to the Bulletin. A membership registration blank will be found on the back cover of each issue. For institutions, libraries, and individuals not desiring membership, subscription is $4.00 per year. Subscriptions and enquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California, 93921.

Contributors

Articles, clinical notes, news items, book reviews, and letters to the editor should be addressed to the Editor, Transactional Analysis Bulletin, at the above address. They should not exceed two double-spaced typewritten pages in length, except by special arrangement.

Advertising

Rates for classified and display advertising will be submitted on request. The Bulletin reaches a select audience of professional people in Northern and Southern California and other parts of the country.

Editorial and Circulation Assistant, Mary N. Williams

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SCIENTIFIC PROCEEDINGS

FALL QUARTER — ADVANCED SEMINAR - 202 - SEPTEMBER - DECEMBER 1963

The abstracts below are written for professional readers who are assumed to be familiar with the basic principles and terminology of transactional analysis.

September 17. Robert Goulding: "Experimental Work on Handling."

G reviewed some literature on the physiological and psychological effects of handling laboratory animals, and its correlation with Spitz's work with infants. In animals, according to the evidence so far, too little stroking leads to inability to handle fear appropriately, while too much stroking leads to inappropriate lack of fear.

September 24. Hedges Capers: "Military Leadership."

C presented a paper to be used in a series of leadership lectures for naval officers. He suggested that in the military situation, Child to Parent and Parent to Child feelings are nearer the surface than in most other settings. If the officers and men are aware of this element in the transactions between them some conflicts might be avoided and the work of the ship might be done more effectively. The Seminars suggested that more emphasis be put on explaining the nature of Adult to Adult transactions. (This meeting was held aboard a U.S. aircraft carrier).

October 1. Joint Meeting with Golden Gate Group Psychotherapy Society.

October 8. Joseph Concannon: "A Therapy Group in a Navy Hospital."

October 15. Eric Berne: "A Discouraging Group."

B returned from a vacation to find that some of his patients had done "better" and some "worse" without treatment. In one group the patients reproached him because their symptoms were not being relieved. The sage diagnosis "revenge for your leaving them" is tempting because it helps the therapist evade responsibility; therefore he should not accept it. Whatever their grounds for reproaching him, the patients' reproaches are justified, since they are there to be cured and it is his job to cure them, not to find glib excuses for failure. The Seminar felt that B was playing "I'm Only Trying To Help You" with this group, which made him vulnerable and "teasable."

B also described a visit to the mental hospital near Istanbul, Turkey, where there is an intensive and extensive occupational therapy program which has the same effect (or perhaps an even more perceptible effect) than an equivalent "therapeutic community."

October 22. Eric Berne: "An Ongoing Therapy Group."

B described how each patient in a group was approaching and fighting the contractual goals, and his therapeutic planning for each patient for the near future.

October 29. (1) **Eric Berne: "What Would I Have To Do To Get Fired?"**

This is a reconsideration of a question familiar to the Seminars. B described how he had failed his "final exam in psychiatry." A patient who had fired many psychiatrists in her long career was very enthusiastic about transactional analysis during her first four sessions. After the fourth, she telephoned B to say that she was having a terrible panic, demanding immediate advice. B proferred medication, or an appointment the next morning. She fired him, saying that her standards were too high for the kind of treatment he offered. B asked the members of his next therapy group what he would have to do to get fired. Some said they could not possibly fire him, but have to resign by becoming psychotic or sick or injured. Others would make him fireable by starting a game so that they could feel guilty enough or hurt enough to terminate. In trading stamp terms, some would collect enough stamps on the outside to get a free "quit", others would collect enough stamps from the therapist to get a free "get rid of."

(2) Kenneth Everts: "The Mental Hospital at Agra, India."

With almost no funds, the superintendent has kept the hospital and the patients in good shape through hard work and meticulous attention to detail. For example, since there was no furniture the patients had to eat on the floor, but they actually kept the floor clean enough to eat on. E estimated that without understanding the local languages, he could nevertheless make an accurate diagnosis of about 75% of the patients, again casting doubt on the relevancy of "culture" to psychiatry at the clinical level.

(3) The Seminar: "The Intimacy Experiment." (See page 113).

November 5. Vera Haile: "Volunteer Work With Juvenile Delinquents."

H presented a volunteer agency which does "street work" and neighbourhood work with boy gangs. Asked for a specific question to focus the discussion, she proposed: "What do I do when a boy brings me his girl friend Mary who is in trouble?" H wanted to find Mary a foster home. The authority diagram for H was fairly simple since the agency used no public funds; the agency would back her up with Mary. But since the agency had declared for boys, the desire to help a girl might be part of a game. The basic principle of the agency was "confidentially" which led to complex relationships with the State correctional agencies. Mary's situation was not as simple as it seemed; her authority diagram had many arrows: school, home, the law, step parents, and her boy friend, for example. One question was whether the agency was playing games with many players, or was merely refraining from playing a multitude of games. Here H's personal motives - Parental, Adult, and Child - were scrutinized. Did confidentiality really work? Example: "Do you know Mary?" "I cannot divulge that information." The caller then knows that H knows Mary, and Mary will soon be found. Maybe Mary wants to be found, and going to someone who "cannot divulge" is a special form of Cops and Robbers. Should H "trust" Mary? "Trusting" may be only a part of "I'm Only Trying To Help You," with the payoff: "I trusted her and she let me down - how awful - you can't trust anybody (nowadays)." (This clarifies what should have been obvious before: that "I'm Only Trying To Help You" is actually a variant of "Ain't It Awful.")

November 12. (1) Elsa Bickel: "Substitutes in Drug Addiction."

B reviewed her experiences in prescribing methedrine and other drugs in order to keep ambulatory addicts off heroin. She was rebuked by the authorities, but the authoritites did not offer any better solution. The Seminar discussed briefly the games played by addicts and by the authorities in dealing with addicts, but concentrated chiefly on the possible game elements present when a physician prescribes substitute drugs for an ambulatory addict.

(2) Eric Berne: "Now She Tells Me."

In its classical group form, "Now She Tells Me" runs for about one year. The patient learns to play a good game of Psychiatry based on "Gee You're Wonderful Professor," and may even learn something and gain some real insight. Hence these people are "Good Patients." After about one year, the patient announces at the **end** of the meeting: "By the way, I won't be coming back any more." The therapist can act prissy and say: "Don't you think it would be a good idea if we discussed it," etc. The patient's Child may be perfectly willing to play a nineteenth hole, so to speak, making the therapist look even more foolish. Actually, once the patient has made his or her play it is too late; the therapist has been had. This game must be spotted on historical evidence and analysed **before** the patient plays it in the group.

November 19. Benjamin Lewis: "A Week-End Group."

L took his therapy group for the week-end to a conference camp, where they had four group meetings with recreation in between. One patient came 8

hours late. The group discussed what they would say when she arrived. They knew she wanted them to be angry and that by doing so they would be playing her game. Nevertheless, when she arrived they were angry. This gave her enough trading stamps so that she could quit the group shortly after the week-end. Actually they held an auto-da-fé. Anticipating her arrival, they were laughing gleefully; as soon as she came in they became serious and with great relish "burned her at the stake."

The Seminar tried to predict, before hearing the tape, what she would say when she arrived and how the others would answer her. Just as the Seminar meeting ended, it became clear to the members that they too had been gleeful, although the Seminar glee was disguised as "diagnostic acumen." Thus both her own therapy group and the Seminar had sat around admiring their own "prespicacity." The patient made it so obvious that she was "manipulative" that everybody around her, including her own family, kept congratulating himself on his keen clinical insight. This was just what the patient wanted, and was part of her game. It was a very successful form of irony, a real con, in which the patient's Child sat laughing at the antics of all the "keen diagnosticians" whom she herself had created. In general, if a patient is described as "manipulative," it is because she herself wants to be so described. The real clinician is not the one who sees the "manipulations," which are the come-on, but the one who looks behind the neon sign "I am a manipulator," to see the underlying irony and the depression which gives rise to that. A battle at the "You can't manipulate me" level ends with: "I showed her I was too smart to be manipulated, so I don't understand why she committed suicide." The suicide is the suicide of a carny-faker or a strip-teaser who completely loses faith in human nature. Coming for treatment is the patient's last attempt to find someone who isn't a jerk, and when she discovers that the therapist is just another "keen diagnostician," she gives up.

November 26. Larry Means: "A Voluntary Group in a Prison."

M asked for volunteers for a small transactional therapy group in a prison. The six volunteers were excused from attendance from the larger "community" groups. M carried out this project on his own time, thus being relatively detached from organizational games. The attendance was 100% for the 17 meetings held to date. The group met thrice weekly. M skilfully and concisely presented the pertinent transactional background, including the authority diagram and his Parental, Adult, and Child motives for undertaking the project, as well as the probable motives of the volunteers. This left ample time for listening to a tape recording of the seventeenth meeting. He outlined his therapeutic planning for the meeting, and demonstrated how he had carried out his plans: (1) to analyze a game some of the members played with women on the outside (2) to rectify some crossed transactions which had occurred at the last meeting. The chief therapeutic problem was the fact that some of the men ran into each other on the outside and knew each others' girl friends. Thus they were inhibited by real fear during the game analysis, and M would have to find a solution to this problem in order to be effective. Meanwhile, within this framework, his therapeutic operations were concise, well-organized, and goal directed. As in all correctional work, the goal was to avoid recidivism, and the planning was done in that context.

December 3. Hedges Capers: "What is a Chaplain?"

C, a Navy Chaplain, wanted to clarify his function. Within certain limits a Chaplain has wide choices just because his function is not clearly defined. Many of them perform some of the duties of a social worker or psychotherapist (if they so choose). Administratively he is subject to three authoritites: the line, the chief of Chaplains, and his own church. The Seminar felt that many laymen treat God

as a black box, and the transactions are similar to those involved in the game of "Research Grant." A properly coded "appeal" (in the layman's mind) will result in a "grant." But the laymen, like the researcher, does not know what goes on at "headquarters" where the grants come from. Some of them regard the Chaplain as an expert in "grantsmanship." He is similarly treated in regard to the Navy, which the enlisted man may regard as a "black box" to which the Chaplain can help them code their appeals. His duties are full of "maybes." Unanimity exists possibly only regarding his function in administering comfort or rites to wounded men. A Chaplain tends to feel that he is an Adult mediating between the Child and Parent of enlisted men and officers. There is an extra "existential" influence in his authority diagram: since he is a man of principles and not an opportunist, he can not only be fired by his three adminisrative authorities, but he is also responsible to himself and under certain circumstances may feel that he must fire himself. His three duties are to his church, the Navy, and to himself, and he has to resolve incompatibilities. Like a correctional officer, he is torn between his role as a member of the group apparatus of the Navy, and his role as a therapist, and must solve this dilemma as a correctional officer does, by keeping these roles clearly defined and separate. In general, he is called in in "sticky" situations, i.e., those on the borderline of the group culture, its etiquette and its canon.

Chaplain Johns, another Navy Chaplain, pointed out that his ritualistic functions were all connected with "rites of passage:" birth, death, marriage. This helped eliminate some of the "maybes"; i.e., a Chaplain is called for any rite of passage, and there is no maybe about that.

December 10. Arthur Burton: "Acting Out In Psychotherapy."

B presented some criticisms of modern psychotherapy, couched in psychoanalytic language. The Seminars pointed out that these criticisms do not apply to transactional analysts. The audience was struck by the free use of the conventional polysyllables, which sounded strange to our ears since they are not used in transactional discussions.

December 17. (1) Herbert Courland: "Structural Analysis Under Hypnosis."

After preliminary instruction in the waking state, C suggested to an alcohol addict under hypnosis that he could release his Child to drink moderately and then his Adult would take over and he would be able to stop. So far (two months) the response has been satisfactory, and further exploration of this approach is planned.

(2) William Schwartzman: "The Demand for Medication."

S presented in psychodynamic terms a common delimma: a knowledgeable patient in a state hospital requested a certain medication. If S complied he would be seen as an authority figure who could be manipulated. The medicine was equivalent to mother's milk. In order not to be manipulated, he refused; perhaps that catered to the patient's masochism. The patient later became violent, aggressive, and depressed. She had been in and out of the hospital several times.

The Seminar restated the situation in transactional terms. The patient's Child sees the therapist as a Parent in any case; there is no way to change that in such a situation; therefore he must choose between being a good Parent or a bad Parent. There is little advantage in being a bad Parent. The therapist is likely to play it the way the patient intended anyway, and his "autonomous" decision is probably an act of compliance of which he, the therapist, is unaware. His "control" of the situation is partly an illusion; patients, especially the experienced ones, know how to arrange acceptances and rejections. The preferred procedure would be an Adult discussion, either of medications, or of the game itself; the patient being in this case a professional person, should have her Adult opinions about medication listened to with respect.

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Name Index

Adis-Castro, G. 49
Berne, E. 43, 44, 55, 56, 59, 73, 74, 77, 88, 89
Chance, E. 43
Collins, W. 49, 55, 60, 96
Concannon, J. 72
Courland, H. N. 55
Ernst, F. 43, 56, 62, 72, 77, 96
George (Orphan) 50, 66, 81, 98
Goulding, R. 49, 58, 71, 75, 88, 95
Haiberg, G. 56, 59, 88, 91
Hochman, C. 71, 89
Jiminez, P. 56
Jones, G. 71, 89
Kanevsky, J. 88
Klein, S. 44
Kupfer, D. 93
Litt, V. 88
Matson, F. 55
May, C. 44
Means, L. 88
Myers, D. 44
McCormick, P. 44, 55, 57, 73
Parkhurst, J. 72
Poindexter, R. 44
St. Cyr, C. (Pseudonym) 49, 62, 79, 97
Satir, V. 43
Sefness, W. R. 56, 59
Soles, S. 87, 97
Steiner, M. 43

Subject Index

Adolescent offenders 44, 57, 73
Alcoholics 58, 95
American Psychiatric Convention 77
Anger 78
Annual meeting 49, 98
Art, structure in 89
Bibliography 61
Costa Rica 49, 80
Donation 50
Editorial 45
Educational activities 51, 66, 83, 99
Existential analysis 43
Film 44
Games, classification of 74
  classroom 97
  family 56
  "I Can Recognize That" 76
  in scripts 88
  NIGYSOB 78
  prison inmates 88
  The Switch 74
Group, young girls 71
Group therapy, adolescents 65
  aged 56
  alcoholics 58
  correctional 88
  vs. group treatment 73
  narcotics addicts 60
  out-patient 44
  pre-delinquents 88
  prision 56, 62
  private practice 43, 44
Hypnosis 55
Idyllwild workshop 78
Index, Volume I 48
Industrial psychiatry 44
List of members 46
Living problem 49, 62, 79, 97
Mail consultation 87
Narcotics addicts 60, 55
Oregon 49
Organizational news 50, 66, 81, 98
Organized charities 71, 89
Patients' committee 72
Personals 50, 66, 79, 81
Schizophrenics 55, 74
Scripts, choices 59
  Cinderella 74
  Red Riding Hood 88
Southern California 65, 80, 98
Stockton 80
Stroking 92
Summer conference 82, 89, 90, 91
Symposium 44
Tehachapi 49
Transactional analysis
  adolescents 93
  alcoholism 95
  brain syndrome 71
  correctional work 96
  group meeting 89
  psychotics 88, 91
Wyoming 64

PUBLICATIONS

With this issue, the Bulletin takes on a slightly different format. The wider margins should make for easier reading and provide space for readers to make notes. The larger size will help to keep the Bulletin from getting lost on shelves or in files. The change is one step in the direction of making it eventually into a journal. With our enlarged membership, the Bulletin now almost covers its own printing bill. The annual subscription price has been raised to $4 for institutions and non-members. All classes of membership still include a subscription at the old rate. The membership has more than doubled during the past year.

Games People Play, which was to have been published in the fall of 1963, was postponed until the fall of 1964, but vigorous negotiations with the publisher (Grove Press) have resulted in a May, 1964, publication date. In order to hasten the availability of the book, it was decided by the Seminars to have a private edition published before the appearance of the trade edition.

Games People Play, Transactional Analysis Bulletin Supplement No. 2, Limited Edition of 1000 copies. A hard cover book with the same text as the trade edition, but with a special title page, schedule for April. Subscription $5 per copy. Advance reservations may be sent to Transactional Pubs, Box 5747, Carmel, California 93921. The book consists of two sections. Part I is a theoretical discussion of game analysis. Part II is a descriptive thesaurus of pastimes and games, containing about 120 items in the index.

Outline for on Introductory Course in Transactional Analysis and Social Dynamics, Transactional Analysis Bulletin Supplement No. 1, is still available for those teaching this subject clinically or academically. It consists of 13 pages in mimeograph, interleaved with blank foolscap pages for instructor's notes, giving topical headings for a course of eight lectures. Subscriptions at $2 may be sent to Transactional Pubs., Box 5747, Carmel, California 93921.

A LIVING PROBLEM

"KILLING THE LEADER"

Cyprian St. Cyr

Three men, in different places, and unknown to each other, set out to ambush their leader as he marched down the main street of their town. The first man started to raise his rifle as the leader came into sight, and then suddenly burst out crying. He threw his rifle into a corner of the room and put his face in his hands and wept copiously. Tthe second man actually took aim at the leader, and then suddenly lowered his weapon and burst out laughing. He too threw his rifle into a corner, and then he walked out and joined the crowds of people who were cheering the leader. He cheered louder than any of them. The third man raised his rifle. He neither laughed nor cried. He took careful aim and pulled the trigger and the leader fell.

In the first case the hands that held the rifle belonged to a boy who wanted to live, as a boy; in the second case they were those of a boy who suddenly became a man and who wanted to live, as a man. Whose hands held the third rifle? It is better to weep ignobly than to die ignobly, for the weeper can at least look at himself. It is better to laugh than to weep, because the laugher can look at others. The only purpose in looking at oneself is to be free to see others more clearly.

SOCIAL DYNAMICS
THE INTIMACY EXPERIMENT

Eric Berne

We have hitherto refrained from publishing anything about the "intimacy experiment" for fear that it would become a fad or be subject to quantitative research, both of which would be undesirable outcomes. As a fad it would have the same dangers as uncontrolled experiments with LSD, in regard to both internal homeostasis and external social action. To use it for quantitative research would be begging the question, since playing the role of "experimental subject" (in the narrow sense) would invalidate the intimacy. There are now so many people acquainted with the procedure, however, that it seems advisable to record it in order to prevent other kinds of abuse.

The first requirement is that the subjects must have valid clinical experience with transactional analysis, otherwise the instructions cannot be understood in their phenomenonological and operational meanings. The second requirement is that a referee be present who understands the rules even more clearly than the subjects. The rules are as follows:

(1) The two subjects sit facing each other in comfortable chairs so that their faces are less than twenty inches apart (taking 20" as the near point for visual acuity). (2) They must avoid the following options: withdrawal, rituals, pastimes, activities, and games. The referee's job is to interrupt if he thinks that they are breaking the second rule. If the "experiment" or experience is properly performed, within 15 or 20 minutes some of the subjects will begin to experience phenomena similar to those induced in susceptible people by prolonged sensory isolation or by LSD and similar drugs. The original object of the experiment was to discover whether there was any option available other than intimacy if the other five were eliminated: that is, whether the sixfold classification of time-structuring was exhaustive. The evidence is now fairly convincing that it is exhaustive; the production of archaic phenomena during the experiment is an unforeseen side-effect. The question now being studied is whether it is possible for two people to undergo this experience (properly carried out according to the transactional rules) and not end up liking each other. In most cases, because of rising tension in both the silent audience and in the subjects, the experiment has been terminated in less than 30 minutes, yet it is "unforgettable."

The conditions of the experiment tend to diminish Parental influence and Adult data-processing, thus partly exposing the unadapted, expressive Child. The unadapted expressive Child in most people has been buried since nursing days. The reason for sitting within the near point of vision is that that is the way the infant originally sees people (namely, his mother). The visual contact gives rise to "eidetic perception," which has different effects from the usual perception of people. In ordinary life, people either see each other from a distance only; or if they approach closely, they may look at each other but are careful not to see. All this is in accord with Parental teaching.

In the intimacy experiment, the subjects see each other and cannot avoid the consequences of their seeing by the usual proceedures (withdrawal, rituals, activities, pastimes and games). Hence they find themselves in a situation such as they have not experienced (in most cases) since early infancy, and the consequences follow. It is a question whether even lovers are not inhibited in seeing each other. Thus, in one experience, a young professional couple who had been married for several years came out of the experiment with the conclusion: "We never really saw each other before."

ORGANIZATIONAL NEWS

ANNUAL MEETING

The Annual Meeting of the San Francisco Social Psychiatry Seminars was held on October 29, 1963, at 1200 Washington Street in San Francisco, following the regular scientific session. Sixteen members were present, including 11 of the former directors and three of the newly elected directors. The following business was discussed. (1) Affiliates. Qualified people in other cities who have taken an Introductory Course or its equivalent from an authorized instructor may become Affiliate Members. (2) Royalties. Authorized instructors who teach transactional analysis for a fee under the auspices of the Seminars shall remit 20% of their remuneration to the SFSPS; conversely the Seminars shall pay a royalty of 20% when it uses for remuneration copyright material supplied by transactional analysts. Finances, housing, publications, and the sale of books were also discussed. The directors elected for the coming year are listed on the inside cover of this issue of the Bulletin. Last year's officers were re-elected as follows: Eric Berne, M.D., Chairman of the Seminars and Director of the SFSPS, Inc.; Franklin Ernst, M.D., Vice-President; and Viola Litt, Secretary-Treasurer.

TRANSACTIONAL PUBS

In order to facilitate the handling of publications, a special department of the Seminars has been set up, to be known as **Transactional Pubs.** Transactional Pubs will also handle teaching tapes as these become available for issue.

Condensed Introductory Course in Transactional Analysis, Transactional Analysis Bulletin Tape Supplement No. 1, is now ready for distribution. This consists of four lectures given at the First Summer Conference, 1963. An on-the-spot recording, acoustics non-professional. One tape, 2400 feet, 2 sides, 4 hours, 3¾ ips. Subscription $25.

101L

The eleventh extended Introductory Course (101L) was given in San Francisco from October 23 to December 11, 1963. Mr. and Mrs. Sheldon Ruderman generously offered their home in Berkeley for the graduation party on December 18, which was attended by about 40 members, students, and friends of the Seminars.

There were 22 enrollees, including some from as far away as Eureka and Sacramento. Among the professions, the largest number were psychiatrists, then social workers, probation officers, and psychologists. The clergy, internal medicine, sociology, occupational therapy, and public health were also represented.

PERSONALS

Among recent foreign visitors to the Seminars were Dr. Brian O'Connell, a psychiatrist from London studying penology on a WHO Fellowship. Robert Hodges and Larry Means also flew up from Los Angeles on several occasions recently.

Mitchell Berkun is now Professor of Psychology at the University of Alaska. He will be glad to see any transactional analysts who find themselves in the vicinity of Fairbanks. Some of his thoughts about teaching transactional analysis in the Arctic will be published in our next issue.

George
(Our Sponsored Orphan in Crete)

George was promoted at school and got very good in behavior. He and his mother are now trying to raise hens. He sends a poem: "The bird, which is only just a bird, also feels pain, because he had to pass all his life on a leafless branch."

EDUCATIONAL ACTIVITIES

Seminar 202, Transactional Analysis in Clinical Practice, will resume meeting every Tuesday evening at 8:30 p.m. starting January 14 at the office of Eric Berne, M.D., 1200 Washington Street in San Francisco. Professional visitors are welcome. It is suggested that they check in advance by telephone, PRospect 6-4256, and they are requested not to arrive before 8:20 p.m. There is no fee for this Seminar, but those who come regularly may wish to become Active Members.

WINTER INTRODUCTORY COURSE

The next introductory course will be offered starting February 12, 1964, open to those with a degree in the medical or social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university or college. A Certificate of Completion will be issued on request.

101M. Introductory Social Dynamics. A theoretical introduction to transactional analysis and group dynamics. Wednesday evenings at 8:30. Eight meetings, February 12 - April 1. Fee $50, payable in advance. (Undergraduates $25). Enrollment is limited to 30. Texts: Transactional Analysis in Psychotherapy, Grove Press, 1961; The Structure & Dynamics of Organization & Groups, Lippincott, 1963. (These texts may be ordered through the Seminars if desired).

The course will meet at the office of Eric Berne, M.D., 1200 Washington Street, in San Francisco. **The office is not available before 8:20 p.m.**

For enrollment, send check to SFSPS, Box 5747, Carmel California, 93921, giving name, address, telephone, degrees, and affiliation. For further information, write the above address or leave a call for the Secretary, Miss Viola Litt, at PRospect 6-1300 in San Francisco.

AFFILIATES

There are now two authorized Introductory Courses being given in Southern California: one in the East Los Angeles area by William Collins, 865 Rimpau, Corona; and one in the Pasedena area by Dr. Robert Hodges, 3951 E. Huntington Drive, Pasadena. Qualified people with a degree in the medical or social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university or college are eligible to attend. When these courses are completed, there will be enough people in the Los Angeles area who have taken an Introductory Course, to form an active Clinical Seminar (212).

ROUND TABLE AT THE APA IN MAY

The Round Table on **Transactional Analysis in the Treatment of Psychotics** "has been selected for inclusion" in the program of the Annual Meeting of the American Psychiatric Association to be held in Los Angeles May 4 - 8, 1964. This will be a dinner meeting starting at 7 p.m. on Tuesday, May 5. Gordon Haiberg will give the main paper, and other participants of record will be Eric Berne, Carl Bonner, Robert Hodges, Solon Samuels, Alfred Wood, and Zelig Selinger. Everyone interested in transactional analysis is invited to attend and to join in the discussion as much as time permits. The Seminars will have their own headquarters room at the Statler where our colleagues can come to rest between sessions and where we can have a cocktail party preceding the Round Table at 5 p.m.

The Seminars

The San Francisco Social Psychiatry Seminars and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and educators. The teaching is primarily oriented toward group therapy and group work based on transactional analysis, and research in social dynamics is encouraged. The Seminars, now in their seventh year, have been almost entirely supported from tuition and membership fees. Contributions are welcome.

The Seminars and Affiliate Seminars are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. In certain cases, well-recommended undergraduates are eligible to attend. Professional workers are always welcome to visit the permanent clinical seminar (Course No. 202) which runs all year round, and can become Active Members, if otherwise eligible, on completion of the Introductory Course or its equivalent.

Active members who leave the San Francisco area or cannot continue regular attendance are invited to become Members At Large ($10 per year). They will receive the Bulletin and retain their attendance and voting privileges. Members of Affiliate Seminars in other cities will also receive the Bulletin.

Professional workers who wish to receive the Bulletin and have the privilege of attending the Seminars whenever they are in San Francisco may become Associate Members ($5 per year). Subscriptions to the Bulletin are available to institutions and libraries at $4 per year.

The San Francisco Seminars meet in mid-week at 1200 Washington Street, San Francisco. Correspondence regarding attendance should be addressed to the Secretary, San Francisco Social Psychiatry Seminars, Box 5747, Carmel, California. Those desiring mail membership (At Large or Associate) may fill in coupon below.

Please advise us of change of address. Use the coupon below to renew your membership when it falls due.

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SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS
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A NON-PROFIT EDUCATIONAL CORPORATION

TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 3 APRIL 1964 NUMBER 10

Page

SCIENTIFIC PROCEEDINGS
WINTER QUARTER, 1963 - - - - - - - - 119

SOCIAL DYNAMICS
"NOW SHE TELLS ME" - - - - - - - - 123
M. Cavanagh

A LIVING PROBLEM - - - - - - - - 124
C. St. Cyr

RESEARCH
MORE ABOUT INTIMACY - - - - - - - - 125
E. Berne

CLINICAL NOTES - - - - - - - - - 126
D. Kupfer

THEORY
TRADING STAMPS - - - - - - - - 127
E. Berne

PUBLICATIONS - - - - - - - - - 128

NEWS FROM AFFILIATES - - - - - - - - 129

TRAINING INSTITUTE - - - - - - - - - 129

ORGANIZATIONAL NEWS - - - - - - - - 130

EDUCATIONAL ACTIVITIES - - - - - - - - 131

TRANSACTIONAL ANALYSIS BULLETIN

Published Quarterly by

THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

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VOLUME 3 APRIL 1964 NUMBER 10

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members, former students, and other interested parties current with the scientific, educational, organizational, and personal activities of the San Francisco Social Psychiatry Seminars and its Affiliates. All classes of membership in the Seminars include a subscription to the Bulletin. A membership registration blank will be found on the back cover of each issue. For institutions, libraries, and individuals not desiring membership, subscription is $4.00 per year. Subscriptions and enquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California, 93921.

Contributors

Articles, clinical notes, news items, book reviews, and letters to the editor should be addressed to the Editor, Transactional Analysis Bulletin, at the above address. They should not exceed two double-spaced typewritten pages in length, except by special arrangement.

Advertising

Rates for classified and display advertising will be submitted on request. The Bulletin reaches a select audience of professional people in Northern and Southern California and other parts of the country.

Editorial and Circulation Assistant, Mary N. Williams

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SCIENTIFIC PROCEEDINGS

WINTER QUARTER — ADVANCED SEMINAR - 202 - JANUARY - MARCH 1964

The abstracts below are written for professional readers who are assumed to be familiar with the basic principles and terminology of transactional analysis.

January 14. Eric Berne: "After a Vacation."

B presented the proceedings of the first meeting of a group following a three week vacation. The therapist made it a point to glean or elicit information from each patient about significant behavior during the interval, and where each member now stood in regard to himself and the therapy. He also re-established the culture of the group by giving each member a "package" of interpretations, etc. to remind them that they were there to get better. In this way, he tried to proceed actively with his side of the contract (curing patients). All members were present and most had obtained new insight during the interval without untoward behavior. During a previous vacation, one patient had misbehaved, resulting in a separation, with the suicide, a few months later, of her spouse.

January 21. Eric Berne: "An Adolescent Group." (Tape)

B presented a tape of the first meeting of a group of adolescents at a hospital out-patient clinic with two observation rooms. He then presented a tape of the ensuing discussion. The patients were selected by the intake social worker without any consultation with the therapist and without any statement from him except: "Choose them any way you want. Make it tough for me if you like." This approximated random selection from the therapist's point of view. He did not read the charts and had no information as to who or how many would confront him when he entered the room. Thus he started cold. Two boys and one girl showed up. At appropriate times he interrupted the proceedings to ask their names and to inform them that they were being observed. The goals of this meeting were to take the initial steps to setting up a contract: the contract of the minor process (between the members) and the contract of the major process (between the members and the therapist). The first problem was to glean or elicit information for setting up therapeutic goals: what it would and would not be possible to cure each patient of in the given situation; e.g., one boy complained of nervousness and later mentioned asthma; B decided in his mind that the "nervousness" could be treated in the group, but only time would tell whether the asthma was feasible or whether it should be left alone. Simultaneously he began to prepare the way for introducing the members to structural analysis: e.g., the girl complained about her mother, but kept her ashtray tidy. B later asked casually: "Who taught you to be tidy?" but went no farther at that time.

In the ensuing staff discussion, it appeared that the observers wanted the therapist to be nervous and bright. "Why weren't you concerned with (something irrelevant to the pre-planned goals of the meeting)?" "Why didn't you say something about her flirtatiousness?" (The reply was: "I hope she was flirtatious. It would be disconcerting if she wasn't.")

January 28. Gordon Haiberg: "Fractional Therapy." (Tape)

A hospital administrator suggested that H meet with a group of destructive, mostly chronic, psychotics from a back ward for a period of eight weeks in an attempt to reduce their destructive behavior. H proceeded with game analysis at the first meeting by refusing explicitly to play "I'm Only Trying to Help You," which the patients somewhat cynically tried to seduce him into. His refusal hooked their Adults and he then was able to outline the contract, which was to

reduce destructive behavior so that they would be moved to a "better" ward. Halfway through the meeting something went "wrong" and the proceedings degenerated into stereotyped, repetitive, angry "group therapy." The sequence was this: when they saw that he wanted to take away their destructiveness they attacked him and succeeded in activating his Child; they then lured him away from the original goal (getting out of the back ward) into "getting out of the hospital." They then began to play "How Do You (Not) Get Out of Here," quickly degenerating into "Ain't It Awful." The switch-point (their attack on him) should have been averted with "So what else is new? . . . Do you have any interest in getting out of the back ward?" Once they activated his Child, they began, in Haiberg's vernacular of psychotic behavior, "to talk hell out of him."

February 4. Eric Berne: "Some Recent Experiences in Therapy Groups."

B discussed some specific technical problems, including the experimental initiation of alternate meetings with one of his groups. (Follow-up: Attendance at the alternate meetings was so poor that the group abandoned them after 6 weeks.)

February 11. Benjamin Lewis: "A Week-End Group Meeting." (Tape)

L presented a group of four couples who met only once a month for a whole week-end. There were several interesting features. One patient was "getting better" even though he did not attend regularly. On the one hour tape presented, the husband was angry at his wife because she had not given their daughter her medicine regularly when the girl was sick. By playing a skilful game of Court Room he evaded the main issue for a long time: why he hadn't given the girl the medicine himself. He had played a true game of "Ain't It Awful." He was actually pleased at his wife's negligence, since it gave him a chance to say "Isn't she awful!" If he had given the medicine himself, the game would have been broken up.

February 18. Kenneth Everts: "An Assorted Group." (Tape)

E presented a group of five patients ranging in age from 17 to 65. The members avoided any therapeutic contract but came regularly and paid regularly even though they were not sure why they were there. The proceedings consisted of easygoing pastimes which aroused a minimum of anxiety. Several of the members were "improving" according to conventional criteria. There were some grounds for assuming that the group represented a "family" to the members: grandfather, father, mother, and son, but the Seminar recalled similar groups where there was no such fortunate constellation: pastime groups which had endured in some cases for ten, fifteen, or seventeen years.

The emergent question was as follows: if patients can "improve" under such conditions, of what value is the therapist's training? An intelligent high school boy with a few instructions could conduct such a group effectively. That was exactly why Everts presented the group. What were the implications for the "therapist's" role? The Seminar was not prepared for this question, which attacked some of the fundamental assumptions in the selection of psychotherapy as a profession. What would happen if a patient came five times a week for four years and lay in the couch of any untrained but reticent, decorous, intelligent and emotionally stable middle-aged man or woman? This question cannot be dismissed because it has never been tested.

February 25. Robert Goulding: "A Therapy Group." (Tape)

The question "What is Mona doing?" arose from her inappropriate giggling when she spoke, while the other members seldom laughed at what she

said. From the recording it was inferred that her Child was living in a fantasy in which she was continually being tickled by her father. In speaking to her, the therapist had the voice of a "cajoling Parent," which was complementary to her fantasy and kept it active.

March 3. Lucy Ackerknecht: "A Parents' Group."

A presented a group of parents who met to discuss their children's problems at school. Children who accompanied them to the meeting were taken care of by a baby-sitter and an observer. The object was to educate them in child-parent relationships from an Adlerian viewpoint. The speaker wished to present the theoretical aspects, but the Seminars focussed on the form of the meetings rather than their content. A parent presented a problem, others asked questions and discussed it, then the observer came in and described the actual behavior of the child, and then there was further discussion. The Seminars interpreted this as "Court-Room." A parent got on the stand and confessed, was then questioned by the attorneys and the jury, and then came "the insurance adjuster with actual photographs," after which the culprit was questioned again and had to explain himself in the light of "the real facts."

March 10. Dorothy Kleffel: "A Group of Obese Girls."

K presented the first meeting of a group of eight girls ranging in age from 12 to 15 who were grossly overweight. The question was, how could she best go about it? K is a public health nurse and the meetings are held during class time at school. In the authority diagram she is fairly free since both the school principal and her superior in the health department favor the project. The chief difficulty which emerged was that she felt that as a nurse, she was not qualified to do "therapy." This meant that she was subject to para-authorities in her (nurse) group culture: doctors did not think that nurses should do "therapy," and the euhemerus (Florence Nightingales) would not have presumed to do therapy. The Seminars decided that obesity was a very difficult problem even under the best conditions; "counselling" promised even less success than "therapy." In order to accomplish her objective, K would have to have more freedom. The medical people in the audience unanimously and explicitly gave her permission to do "therapy." She said she could accept their permission, which in effect meant stepping out of her old culture, in this situation at least, and adopting a new one which was offered to her. From the study of the authority diagram, it was felt that she could do this safely without jeopardy. The Seminar then proceeded to discuss the psychopathology of obesity, and some of the things she could begin to look for and work with: e.g., most obese girls are insulated ballet dancers (which is workable) with small monsters in their stomachs whom they are feeding (which is not workable except in intensive individual therapy, but is useful to know about).

March 17. Stanley Soles: "Communication." (Tape)

S presented a commercial tape on "Communication" prepared by a team of social scientists. This consisted of descriptive commentary and theoretical exposition with recorded short excerpts from therapy groups as illustrations. The Seminar became increasingly restive as the tape unrolled, and began to make their own interpretations of the excerpts, such as predicting from game theory what would happen next, instead of listening to the theories advanced by the commentator. The commentator was a professional, reading from a script in a sonorous voice. When the tape was finished, they realized that that was the trouble: the "manipulative" voice and "professional" script were so overwhelm-

ingly Parental that they activated the rebellious Child in the listeners so that their Adults could not pay attention to the theories he advanced. The "announcer" was so intensely interested in communicating that nobody could listen to what he had to say, especially when he told them how they were supposed to feel: e.g., "You will at first be bewildered." Part of the difficulty was that S had presented the tape without asking a specific question for the Seminar to focus on.

March 24. Gordon Haiberg: "Organizational Aspects of Group Therapy in a State Hospital."

In order to make a broad program of group therapy effectual, "chain stroking" from top to bottom of the professional heirarchy is necessary. Professional pride and traditional "seniority" tend to interfere with this. Technicians and nurses in particular are eager to learn but are timid about "doing therapy" in the hospital setting. They are essential to the program because they are the people most in touch with the patients. The administration may play "Rapo" with them by training them and letting them "do therapy" and then undercutting them at the crucial moment ("Buzz off, Buster"). In order to avoid this, the technicians will have to be given more authority in their groups, and their opinions as to when a patient is ready for discharge will have to be given serious weight. If chronic patients with 15 or 20 years of hospitalization are to be prepared for discharge, as they can be, they must be given "new hope." This means substituting some kind of "Santa Claus" for death; death is what they are presently waiting for as they lie on their benches and beds year after year. For the technicians, Santa Claus is "We will really let you help people and reward you for it." Only if the technicians really believe in Santa Claus can they transmit this "new hope" to the chronic patients. Hence the need for "chain stroking" starting at the top. Instead of giving the patients attention for being "crazy" they should be stroked for being Adult. Technicians are quite capable of conducting groups in which patients will be stroked for discussing Adult matters instead of their symptoms.

March 31. Benjamin Lewis: "Staff Conference at a Home for Disturbed Children." (Tape)

The counsellors at this home, many of them college students doing field work, were eager and effective, much more than they had been before the introduction of L as a consultant with "new ideas." At this meeting, they wished there was a "fluid drive" that would enable them to shift rapidly between Parent, Adult, and Child ego states, so as to avoid errors in handling temper tantrums among their charges.

REGRETS

There were several misprints in the List of Members in the January issue of the Bulletin. Among them, Stanley Sherman, M.A., of Los Angeles, was erroneously listed as a Ph.D., and Yuko Maye of Stockton was misnamed Guko. Robert L. Goulding of Carmel was wrongly listed as Robert W., and several place names were misspelled. These errors have been rectified in our files.

We are happy to have on our roster several dozen Affiliates and Associates whose memberships became effective after the January issue went to press, so that they were not included in the published List of Members. They will be included in a Supplementary List to be published in a later issue.

SOCIAL DYNAMICS

"NOW SHE TELLS ME" AND THE TERMINATION OF THERAPY

Michael E. Cavanagh

Having just completed a three month internship in clinical psychology in a neuropsychiatric institute, I was confronted with the task of terminating psychotherapy with approximately twenty outpatients, seven of whom were members of a group. I saw these patients for approximately fourteen hours of therapy; they were informed at the start that therapy would be done on a short-term basis and that I would not be available after this time as a therapist. I would estimate that at least forty percent of the patients played "Now She Tells Me" in some form near the termination of therapy; four cases seemed particularly interesting.

Alice is a twenty-four year old married pregnant woman whose chief complaint was a marital conflict which she felt stemmed from the difference between her and her husband's interests. She is an intelligent person who is in her third year of college. During the three months of therapy the patient discussed weekly marital crises which appeared to be within the normal range. It was clear that I was not getting the whole story despite the patient's insistence to the contrary. With two sessions to go the patient casually remarked that perhaps much of the marital discord went back to the first two years of marriage when the couple would go through a weekly vignette in which her husband forced her to put on all her clothing (one piece on top of another), including all her underwear, dresses, and coats. This being accomplished, he would bind her tightly with rope and lock her in a closet for a period of eight hours or so. She remarked: "Perhaps this may be a factor in our marriage that lurks in the background."

Beatrice, who was in group therapy, is a thirty-three year old housewife with three children. Her chief complaint was that her husband was overdomineering; she wanted to gain enough courage either to face up to him or to initiate a separation. Her verbal communication in the group consisted mostly of talking about her husband's jealousy and the anger she was supressing. With two sessions remaining I received a phone call from the patient at 6 P.M. in which she sounded severely depressed and almost unable to speak. She stated that if she left her room she would certainly attempt suicide. She reported the reason for this sudden depressive reaction as being the culmination of a conflict revolving around her fifteen year old daughter who is mentally retarded (until this point, unknown information). It appears that a struggle has been going on for fifteen years -- the patient wishing to institutionalize the child and the father resisting, accusing the patient of wanting to rid herself of the child so she could be more free to do as she wanted. The child had just been left off at an institution, and the phone call was the result. When asked why she had never brought this information out she remarked that it really never occurred to her.

Catherine is a twenty-five year old single college graduate whose presenting problem was anxiety symptoms with somatic manifestations (stiff neck, pain in arm with no organic basis), palpitations, and what appeared to be phobic reactions (fear of riding buses). During the three months in therapy the patient insisted that she could see no reason for these anxiety attacks, nor could she see any connection with the circumstances surrounding these attacks. In spite of much discussion about these attacks, it appeared that no meaningful material evolved in terms of dynamics although the patient reported that during the three month period she had no recurrence of any of her symptoms. Again with two sessions remaining, she stated that these anxiety symptoms only occurred when she was around women and that she felt it was a homosexual panic: the symptoms miraculously disappeared when, during the three months of therapy, she decided to remain free of close contact with women. Her reason for not bringing it up before was that it was not a very nice thing to have to talk about.

David is an eighteen year old single high school graduate who was raised mostly in foster homes and orphanages. His complaints were that he was a homosexual and that he felt uncomfortable around people because he felt they knew of his situation and had negative feelings toward him. His appearance and behavior strongly suggested homosexuality - - his voice and mannerisms were quite effeminate. For the three months I labored under the assumption that he was a homosexual (especially since he admitted to this in our first and subsequent interviews). With three sessions left I mentioned his homosexual contacts, and he became very indignant, reproaching me for attributing such a "crude" trait to him. On further investigation he reported that he had never in his life had an overt homosexual experience and that he "just knew" that he was a homosexual because he had read about homosexuals' interests and attitudes, and he possessed many of these, i.e., an interest in art, drama, etc. As might be expected, this information somewhat altered the course of therapy.

Looking back on these cases, I can clearly see their didactic value. Had I been more sophisticated, I might have aborted some of these examples of "Now She Tells Me." However, the fact remains that the general problem in each case was discussed in therapy, and these and other patients did choose to wait until the last therapeutic second before revealing pertinent information (the veracity of which, for our purposes, does not seem an important factor, though I have no evidence that any of these examples of "Now She Tells Me" is not true). Since each patient knew that I was no longer to be available as a therapist, I can think of two reasons for their actions. Perhaps they felt guilty about not revealing the information and therefore revealed it with two sessions remaining as if to say "O.K., I told you - - now please help me." This would allay their own guilt about not using therapy to the utmost, but still leave them reasonably sure that they would not get help with such a short time left. The second reason could be the patients' desire to remain in or be sent to individual therapy; this new information would bring attention to them as an "interesting case."

A LIVING PROBLEM

"SCARED BY A LION"

Cyprian St. Cyr

Everybody knows about the distinction between "real fear" and "neurotic anxiety," which is the basis of modern psychotherapeutic theory. If a man is frightened by encountering a lion, that is "real fear." His adrenals swing into action, his blood sugar rises, etc. That is different from neurotic anxiety.

1. How many people do you know personally who have been frightened by a lion?

2. How many of your friends know someone personally who was frightened by a lion?

3. For that matter, have you personally during the last five years been subject to **any** "real fear" (not merely apprehensiveness) so that your adrenals secreted, your blood sugar rose, etc?

4. How many people do you know personally who have had "real fear" (not merely apprehensiveness) during the past five years?

It is almost impossible to find personal accounts of people who were frightened by lions, although there are numerous accounts of people who were **not** frightened by lions. There is no instance available of a man being frightened by a lion in the vicinity of a biochemical laboratory. Thus psychotherapy is the only science which accepts literature based on a mythical man frightened by an unvalidated lion, with bloodless biochemistry done 6000 miles away in an armchair. With all the papers given and books written about the man who is frightened by a lion, no one has yet had the courage to ask: "What is the name of the man?"

RESEARCH

MORE ABOUT INTIMACY

Eric Berne

As a result of the brief article on "The Intimacy Experiment" in the last issue of the Bulletin, there has been some correspondence requesting further clarification. The essence of the experiment, or experience, is that two subjects sit close to one another, and they undertake to keep in contact with each other; that is, they are not supposed to withdraw mentally, physically, or perceptually. At the same time, rituals, pastimes, games, and activities are proscribed, while they are supposed to keep talking to each other. "It's nice to know you" might be said ritualistically, which is illegal; but if it is said with real feeling, meaning "It is a pleasant experience to sit facing you as an individual whom I have the privilege of looking at," it is legitimate. "Have you ever done this before?" as conversation is a pastime; if the subject has unusual feelings and says: "I've never felt this way, before sitting near you," that is legitimate. "I like sitting near you" is a game (Rapo) if it is said seductively; if it is a description of the way the subject feels, without ulterior motive, it is legitimate. "I feel strange" is an activity if it is said with psychological objectivity; if it means "You personally have induced a strange sensation in me," it is legitimate. Psychologizing or psychiatrizing, mentally or verbally, are activities, and are illegal. In general, the use of words of more than two syllables is questionable. It can be seen that all the illegal transactions constitute barriers to authentic communication.

More careful measurements indicate that, contrary to the statement in the previous article, our subjects have not approached within 20" of each other. Such closeness would best be avoided until the situation is more clearly understood. The common physical arrangement is to have two chairs facing each other, with the front legs 22" to 24" apart. If the subjects lean back at ease, their eyes will be about 36" apart. If, as commonly happens, one leans forward, their eyes will then be 22" to 24" apart: just beyond the near vision point. The room should be well-lighted so that they can see each other clearly. The observers should keep at least an arm's length away. The referee should not interrupt more than once or twice; if he has to do it more often, it is better to terminate those two subjects, since they have either not understood the instructions or are unable to carry them through. It is safest to start with some married couples until the long-term effects of the procedure become familiar; then contra-sexual strangers may attempt it; ipsisexual couples should be postponed to a more sophisticated phase.

There are two situations regarding observers. In one case, the observers remain silent and refrain from smoking and twiddling; if they are not interested enough to refrain from smoking, they should not be there. In the other case the observers do as they please; the subjects then become an island of concentration in a sea of activity. Tape recorders and stenographers invalidate the experiment because they inhibit candidness and provoke games; the subjects should not be required to talk any more loudly than they choose. Anyone who cannot resist the temptation to take notes should be asked to leave the room. Under proper conditions, the effect of the experience is equivalent to 25 micrograms of LSD. The immediate effects persist for about one week, and the subjects may feel that they have a special relationship to each other for many months.

CLINICAL NOTES

David Kupfer, Ph.D.

Script Talk Among Adolescents (16 - 18)

During the 12th meeting of a group Dennis asked Linda (an admitted brown stamp collector) what she planned on doing with all her brown stamps. Linda replied that she had picked her death in the 20's, by accident and somehow heroically so people would say: "Look what happened to the poor thing." This prompted the other group members to talk about their own death fantasies. Dick thought that he would die at 37, Dennis at 103, David at 87, and Christine at 90. When questioned Linda said that she had never been able to visualize life beyond the age of 25, Dick (an art student) had picked 37 because Van Gogh died at 37, David, Christine and Dennis had picked their date because of the death of grandfather, great aunt and grandfather.

The Value of Observation

Later in the meeting, K praised Linda for an astute interpretation. Linda thanked him for the gold stamps. After a while K turned physically away from Linda to speak to another group member. From the corner of his eye he saw Linda grimacing to somebody next to her. Questioning elicited that K had repeated himself with an analogy and Linda's grimace meant something like "K is a fool." A discussion brought out that by praising Linda, K had given her the wrong stamps, and that by being derogatory about the giver she was able to throw away her gold stamps.

This incident emphasizes: 1. The value of a group being small. 2. The duty (with resulting benefits) of the therapist to observe every group member and his muscular movements at all times.

GROUP ATTENDANCE

Adults

	Possible Attend.	% Actual Attend.	Accidental	Resistance	Total
1959 - 1960	346	84.7	12.3	3	15.3
1960 - 1961	487	94.3	5	.7	5.7
1961 - 1962	809	95.3	4	.7	4.7
1962 - 1963	921	92.6	6.	1.4	7.4
1959 - 1963 average all groups		91.7	6.8	1.5	8.3

Intervals without any absences: 7, 9, 12 and 26 weeks

Early Adolescents (12 - 13)

1962 - 1963					
During School Year	190	90	7	3	10
All Year (including vacations)	325	86	9	5	14

GROUP THERAPY RETREAT

Dr. George Bach has asked us to announce that he is organizing a group therapy "retreat" preceding the convention of the American Psychological Association in Los Angeles in September. This will take place September 1 through September 3 "in a pleasant resort-type setting conducive to concentrated deliberation. Participants will engage each other in theoretical discussions as well as actual practice of new types of psychotherapy." Those interested should write to Dr. Bach at 450 N. Bedford Drive, Beverly Hills, California.

THEORY

TRADING STAMPS

Eric Berne

Transactional trading stamps are the currency of transactional "rackets," chiefly guilt, fear, hurt, and anger, and often inadequacy, stupidity, or bafflement as well. When the patient is young, his parents teach him how to feel when things get difficult: "In our family, when things get difficult, we feel guilty (afraid, hurt, angry, inadequate, baffled)." These feelings become rackets when the patient learns to exploit them and collect them in his games and script, usually because they have become sexualized. For example, much "justifiable" grown-up anger belongs in this category, the payoff in a game of "Now I've Got You You Son of a Bitch." Here the patient's Child is full of suppressed anger. He waits until someone does something which justifies him in expressing it. Justification means that his Adult goes along with his Child in saying to his Parent: "No one can reasonably blame me for getting angry under such conditions." Thus relieved of Parental censure, he turns on the offender and says in effect: "Ha! No one would blame me, so Now I've Got You," etc. In transactional language, he gets a free mad (a red trading stamp). If he gets enough of them, he may feel entitled to a free homicide.

A patient went home from a group meeting one day and briefly explained trading stamps to her 12 year old son. He said: "Okay, mom, I'll be back soon." When he returned, he had a small roll of perforated stamps for which he had made a dispenser, and a little paper book with the pages divided into squares. The legend read: "This page when full of stamps entitles you to one free suffer." The boy understood perfectly. If people do not spontaneously frighten you, provoke you, insult you, or entice you, then you initiate a game in order to make them do it; in this way you collect a free fright, mad, hurt, or guilt (colloquially known as gray, red, brown, or blue trading stamps, respectively).

The "store" where transactional stamps are redeemed has the same assortment of prizes as the regular trading stamp store: the big ones, the little ones, and the toys. For "100 books" (say) the patient can get one of the big ones: a free suicide, a free homicide, a free psychosis, or a free quit (divorce, leave therapy, quit job). For "10 books" he can get a toy (unsuccessful) suicide. For one book he can get a little prize: a free drunk or sexual fantasy. Some patients, particularly paranoids, collect "counterfeit" stamps. If no one will provoke them, they imagine a provocation. People who save one "color" often tend to pass the other colors by; one who collects mads ("red stamps") may not be interested in collecting guilts (blue stamps"). Like paper stamps, transactional stamps are usually collected in the course of buying "groceries," that is, they arise out of legitimate transactions as a by-product; thus while the Adult goes about its business, the Child is eagerly watching for bonuses. When patients get better, they throw away their old stamps, and either stop collecting or start to collect "gold" stamps (affectionate or admiring strokes). That is one factor hindering recovery; few collectors of trading stamps are willing to throw them away.

This is only a bare outline, an introduction to what is now at the clinical level a highly elaborated subject. But since it is a very popular one in many transactional groups, and is the subject of considerable discussion, these informal comments may be informative to those who are not yet familiar with this development. (Copyright 1964 by Eric Berne)

PUBLICATIONS

Transactional Pubs (Box 5747, Carmel, California 93921) can now supply by mail the two texts: **Transactional Analysis in Psychotherapy,** and **The Structure & Dynamics of Organizations & Groups.** An order envelope is included with this issue of the Bulletin. In addition the following Transactional Analysis Bulletin Supplements are available by subscription:

Games People Play, Transactional Analysis Bulletin Supplement No. 2, Limited Edition of 1000 copies. A hard cover book with the same text as the trade edition, but with a special title page, scheduled for June 1. Subscription $5.20 per copy. The book consists of two sections. Part I is a theoretical discussion of game analysis. Part II is a descriptive thesaurus of pastimes and games, containing about 120 items in the index.

Subscribers to Games People Play should note that publication of the limited edition has been postponed to June 1, and should not expect to receive their copies until shortly after that date. The regular trade edition will appear about a month later.

The second edition of **Outline for an Introductory Course in Transactional Analysis and Social Dynamics, TAB Supplement #1,** is now ready for those teaching this subject clinically or academically. It is essentially the same as the first edition, with some minor improvements based on further teaching experience. It consists of 13 pages in mimeograph, interleaved with blank foolscap pages for instructor's notes, giving topical headings for a course of eight lectures. Subscription $2.08 per copy.

CONDENSED INTRODUCTORY Course in Transactional Analysis, TAB Tape Supplement #1. Four lectures given at the First Summer Conference, 1963. An on-the-spot recording, acoustics non-professional. One tape, 2400 feet, 2 sides, 4 hours, 3¾ ips. Subscription $26.

Subscribers are requested to send us suggestions for improving the quality of our tape-recordings. These should be addressed to the head of our tape-recording department, Dr. Franklin Ernst, 408 Tennessee Street, Vallejo, California.

BIBLIOGRAPHY

The first known Ph.D. thesis based on transactional analysis was submitted by A. J. Hall, of the De Paul Clinic, Rochester, N. Y. This project was undertaken without notice to or consultation with the Seminars, and is entitled "Transactional Analysis and the Prediction of Interpersonal Behavior." Dr. Hall has sent us a copy, which we are planning to review in a future issue.

Eric Berne has had the privilege of reviewing four recent books on group therapy for the current issue of the American Journal of Orthopsychiatry. He treats the authors as representing the "second generation" of "Eastern" group therapists. These authors were Kadis, Krasner, Winick, and Foulkes; Wolf and Schwartz; Johnson; and Mullan and Rosenbaum. He concludes that of the four, Mullan & Rosenbaum's "Group Psychotherapy" is the book of choice for the majority of readers.

NEWS FROM AFFILIATES

COSTA RICA

Our colleagues in Costa Rica have been having a difficult time because of eruptions from the volcano Irazu, which has been raining thick layers of volcanic dust on the capital city of San Jose. They have acquired a teaching tape, and some manuscripts on special topics sent to them by our members, so that they can do more advanced work.

MONTEREY PENINSULA

Dr. Robert Goulding has established an advanced seminar which meets every Friday at 7:30 p.m. in his office in Carmel. This includes graduates of his recently completed introductory course, and others with previous training. He is planning to start another introductory course shortly. For information, call Dr. Goulding at MA 4-7912.

H. D. Johns, Chaplain at the Naval Postgraduate School, lectured on transactional analysis to the Annual Meeting of Combined Membership Groups of the Carmel Churches.

SOUTHERN CALIFORNIA

Dr. Robert Hodges (3951 E. Huntington Drive, Pasadena) recently started his second introductory course with 23 enrollees. The advanced seminar which he activated is now well-established and meets every other Tuesday.

STOCKTON

The Stockton Transactional Analysis Seminar meets regularly once a month. For information, contact Dr. Gordon Haiberg, Chairman, or Claire Lindner, Secretary, at Stockton State Hospital.

TRAINING INSTITUTE

8 WEEK TRAINING INSTITUTE

Leonard Ghan, a social worker connected with Regina General Hospital in Regina, Saskatchewan, has just completed 8 weeks of intensive training in transactional analysis under the auspices of the San Francisco Social Psychiatry Seminars, on a grant from the Dominion Government and the Provincial Government of Saskatchewan. Because of the varied connections of our active members, we were able to offer him a full program demonstrating the use of transactional analysis in a diversity of settings, including general hospitals, out-patient clinics, veterans, naval, and correctional institutions, and with all varieties of patients and clients, in addition to the didactic and clinical seminars. Mr. Ghan is the first person to receive such intensive training, and showed an immediate aptitude for the objective Martian approach to therapy and organization. The "8 Week Training Institute" was his own idea, and we are pleased that both he and the Seminars came through creditably in this interesting new undertaking.

LATE BULLETIN

Our evening panel at the APA meeting in Los Angeles has been assigned Conference Room 7 at the Biltmore. Tickets are $6.00 per person and according to the program "must be purchased before 5 p.m. Monday."

A THOUGHT FOR SPRING

"Status comes from others. Stature comes from oneself. Hence we have men of low stature with high status, and men of high stature with low status."

C. St. Cyr; **Letters to My Wife's Maid**

ORGANIZATIONAL NEWS

101M

The twelfth extended Introductory Course (101M) was given in San Francisco from February 12 to April 8, 1964. There were 12 enrollees, including several members of the clergy.

PERSONALS

Mitchell Berkun, now Associate Professor of Psychology at the University of Alaska, visited the Monterey Peninsula recently. He is preparing to participate in an Orientation Project (under the direction of Prof. Lee Salisbury) for Eskimos this summer. Mrs. Jane Krauss, his co-worker, also uses transactional analysis in her therapeutic work. Some of his preliminary observations as a newcomer to Alaska are as follows:

"I have read newspaper articles by Alaskan natives which seem to be characterized by a child-like style resembling grade school compositions. From this I concluded that the Child ego state predominates in primitive man. But Dr. Hedges (Ward Hedges, an Army psychiatrist trained in Utah, now stationed in Alaska, who is familiar with transactional analysis) points out that what I call Child is in fact Adult, because the native does react to probabilities (and has an Existentialist outlook on life and death), and does adapt successfully to his environment. The purpose of the Orientation Project is to strengthen ("plug in") the Adult and give him the option to acculturate. Thus we not only will find out more about primitive peoples, but also about how to strengthen the Adult by reinforcement and social control. Thanks for the TAB with the discussion of the game of 'Research Grant.'

"The idea is to prepare the natives for college. My role will be to run groups similar in form to therapy groups in which I will teach PAC to the students and try to bring out Adult control by the usual social reinforcements. This Adult will then be shown the payoff for adopting Western ways and helped to learn these ways when he opts to try them. This emphasis on option is my attempt to forestall the conventional approach to orientation. Meanwhile my regular teaching is pleasant. I found transactions and strokes a fine way to work up interest in the beginning course. I'm saving PAC for next semester's course in Abnormal Psych."

Howard Fradkin is with the Youth Opportunities Board of Los Angeles as training co-ordinator, and writes:

"The ostensible purpose of the agency is to prevent and control juvenile delinquency. This is a grossly political arena and I am learning (the hard way) to act the role of political animal. My job involves liaison between the Youth Studies Center of the University of Southern California and the Youth Opportunities Board. When I took this job I asked for a financial contract and got one and a rather generous one at that. I failed, however, to ask for a contract with regard to my role and function - - and therein lies the genesis of one of my many dilemmas. For amusement I've turned to yachting - - waiting for my boat to be built. If any of you come down this way, **give me a call.**"

George

(Our Sponsored Orphan in Crete)

The Foster Parents' Plan sends us a report on George which will be of special interest to those who have been following and supporting him since his pre-school years. He is now 10 years old, 53" tall, and weighs 61 lbs. He is in third grade, and religion and history are his favorite subjects, with average grades of 70%. He wants to become a mechanic, which spikes our plan to have him open a restaurant in San Francisco. He suffers from tonsillitis and his widowed mother from appendicitis. She earns $10 a month as a farm laborer. George himself writes: "If only we were trees planted close to each other so that our branches could embrace each other."

EDUCATIONAL ACTIVITIES

Seminar 202, Transactional Analysis in Clinical Practice, will continue meeting every Tuesday evening at 8:30 p.m. (except on May 5) at the office of Eric Berne, M.D., 1200 Washington Street in San Francisco. Professional visitors are welcome. It is suggested that they check in advance by telephone, PRospect 6-4256, and they are requested not to arrive before 8:20 p.m. There is no fee for this Seminar, but those who come regularly may wish to become Active Members. The May 5 meeting is cancelled because of the APA meeting in Los Angeles.

FALL INTRODUCTORY COURSE

The next introductory course will be offered in October, 1964. Announcements will be sent out in September.

SECOND SUMMER CONFERENCE

The Second Annual Summer Conference on Transactional Analysis will be held at the Asilomar Conference Grounds in Pacific Grove, California, on the week-end of August 22 and 23, 1964. Accommodations can be arranged for Friday evening, August 21. The program will follow last year's plan, with a two-day introductory workshop, and four advanced sections. Full details will appear in the July issue of the Bulletin, and formal announcements will be sent out at that time. Advanced registrations can be sent to Box 5747, Carmel, California. Those desiring to present papers should send two copies of a summary or of the paper at their earliest convenience.

APA ROUND TABLE

The Round Table on **Transactional Analysis in the Treatment of Psychotics** will be held on Tuesday, May 5, at the Annual Meeting of the American Psychiatric Association in Los Angeles. This will be a dinner meeting starting at 7 p.m. The participants of record are Eric Berne, Carl Bonner, Gordon Haiberg, Robert Hodges, Solon Samuels, Alfred Wood, and Zeling Selinger. The room assignment will be posted at Convention Headquarters, where tickets will be available on Monday and Tuesday. The Seminars have reserved a suite at the Biltmore where our members can come and rest between sessions. There will be a cocktail party preceding the dinner at 5 p.m. to which members, friends, and spouses are invited.

GOLDEN GATE WORKSHOP

There will be a day long workshop on transactional analysis at the Annual Meeting of the Golden Gate Group Psychotherapy Society on Saturday, June 13, 1964, at the Millberry Union of the University of California Medical School in San Francisco. This will consist of morning and afternoon didactic lectures, each followed by small group discussions under experienced leaders.

OTHER ACTIVITIES FROM S. F.

Franklin Ernst has been conducting a seminar on group dynamics for the Faculty of the School of Nursing of the U. C. Medical School in San Francisco. Hedges Capers has been conducting seminars on leadership aboard the aircraft carrier U. S. Ranger. Eric Berne gave an all-day workshop at Stockton State Hospital, and spoke to the Sacramento Valley Psychological Association and the Psychology Seminar at S. F. State College. There is considerable interest at S. F. State, and many of the undergraduates have visited the Advanced Seminar 202 during the Winter Quarter. Meanwhile, regular teaching of transactional analysis continues at Langly-Porter and various State Hospitals and correctional facilities.

The Seminars

The San Francisco Social Psychiatry Seminars and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and educators. The teaching is primarily oriented toward group therapy and group work based on transactional analysis, and research in social dynamics is encouraged. The Seminars, now in their seventh year, have been almost entirely supported from tuition and membership fees. Contributions are welcome.

The Seminars and Affiliate Seminars are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. In certain cases, well-recommended undergraduates are eligible to attend. Professional workers are always welcome to visit the permanent clinical seminar (Course No. 202) which runs all year round, and can become Active Members, if otherwise eligible, on completion of the Introductory Course or its equivalent.

Active members who leave the San Francisco area or cannot continue regular attendance are invited to become Members At Large ($10 per year). They will receive the Bulletin and retain their attendance and voting privileges. Members of Affiliate Seminars in other cities will also receive the Bulletin.

Professional workers who wish to receive the Bulletin and have the privilege of attending the Seminars whenever they are in San Francisco may become Associate Members ($5 per year). Subscriptions to the Bulletin are available to institutions and libraries at $4 per year.

The San Francisco Seminars meet in mid-week at 1200 Washington Street, San Francisco. Correspondence regarding attendance should be addressed to the Secretary, San Francisco Social Psychiatry Seminars, Box 5747, Carmel, California. Those desiring mail membership (At Large or Associate) may fill in coupon below.

Please advise us of change of address. Use the coupon below to renew your membership when it falls due.

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VOLUME 3 JULY 1964 NUMBER 11

Page

SCIENTIFIC PROCEEDINGS
SPRING QUARTER, 1964 135

A LIVING PROBLEM 139
C. St. Cyr

BIBLIOGRAPHY 140

BOOK REVIEW 141

A. P. A. PANEL SECRETARY'S REPORT 142
Alfred C. Wood, Jr.

T. A. AT THE A. P. A. 143

TRANSACTIONAL PUBS 144

ORGANIZATIONAL NEWS 145

SUMMER CONFERENCE 146

EDUCATIONAL ACTIVITIES 147

TRANSACTIONAL ANALYSIS BULLETIN

Published Quarterly by

THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

A NON-PROFIT EDUCATIONAL CORPORATION

VOLUME 3 JULY 1964 NUMBER 11

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members, former students, and other interested parties current with the scientific, educational, organizational, and personal activities of the San Francisco Social Psychiatry Seminars and its Affiliates. All classes of membership in the Seminars include a subscription to the Bulletin. A membership registration blank will be found on the back cover of each issue. For institutions, libraries, and individuals not desiring membership, subscription is $4.00 per year. Subscriptions and enquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California, 93921.

Contributors

Articles, clinical notes, news items, book reviews, and letters to the editor should be addressed to the Editor, Transactional Analysis Bulletin, at the above address. They should not exceed two double-spaced typewritten pages in length, except by special arrangement.

Advertising

Rates for classified and display advertising will be submitted on request. The Bulletin reaches a select audience of professional people in Northern and Southern California and other parts of the country.

Editorial and Circulation Assistant, Mary N. Williams

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SCIENTIFIC PROCEEDINGS

SPRING QUARTER — ADVANCED SEMINAR - 202 - APRIL - JUNE 1964

The abstracts below are written for professional readers who are assumed to be familiar with the basic principles and terminology of transactional analysis.

April 7. Joint Meeting with Golden Gate Group Psychotherapy Society: "Contrasting Methods of Group Therapy."

This was a panel with K. Blacker (Langley-Porter), G. Haiberg (Stockton State Hospital), and G. Sagan (Private Practice), with E. Berne (SFSPS) as guest moderator. Blacker presented a conventional form of group therapy with clinic patients, Hailberg transactional analysis with chronic (10-20 years) hospitalized psychotics, and Sagen a "non-specific experience" based on gestalt therapy, with dance and art for self-expression. Berne suggested that one form of group therapy might be better than another and that a specific element should be sought analagous to penicillin in infections. A member of the audience thereupon stated that "some people are sensitive to pencillin" (laughter). A contingent from the SFSPS with a few representatives of the GGGPS thereupon adjourned for a social gathering.

April 14. Herbert Courland: "Transactional Analysis and the Rorschach."

C presented a Rorschach protocol for consideration in structural terms. The Seminar decided that the first task was to distinguish the trans-action between the subject and the cards from the transactions between the subject and the tester. The cards should therefore be discarded and the protocol treated like the proceedings of a therapeutic interview or group. The significant factor then became the sentence structure of the patient's "responses," including the "inquiry." The Parental influence of the tester and the complementary operations of the subject's Child were immediately thrown into relief, making possible a large number of predictive and diagnostic statements, exactly as in the transactional analysis of a tape-recording of a therapy group. Attention was focused on the psychological or logical "algebra" of the responses rather than on their content. Thus prepositions, prefaces, exclamations, and qualifiers became more significant than the "responses" themselves. Using this approach, the transactional analyst without regard to the cards might come to the same conclusions as the tester who did a conventional Rorschach analysis of the responses. The transactional analyst, however, could probably do it with less effort and with no specialized training in Rorschach analysis. This presumption seemed valid when tested on a second protocol offered by C, which was read as "material" without consulting the cards.

April 21. Jack Dusay: "A Patient Who Left the Group." (Tape)

D presented a group of mixed neurotics and psychotics in an outpatient clinic, with the question "Why did Nellie quit after this meeting?" Nellie was a young artist who had married two weeks previously without announcement to the group. This was "Now She Tells Me." She also quit the group without explanation, another NSTM. Someone proposed the equally important question "Why did she return to the group after her marriage?" but this could not be answered by either the therapist or the tape. The group consisted of five other members: Sad, Hammer, Lawyer, Honey, and Jane. Nellie played Ain't It Awful (I Never Seem To). Hammer beat on her for 30 minutes with slob, bitch, weakling. Lawyer played Now Tell Me This (That's Not What I Meant by my question), while Sad comforted Nellie with Me Too, and Jane asked plain simple questions. Nellie was thoroughly Gaslighted by Hammer and Lawyer (I don't know, I don't know what's right and wrong anymore). Sad couldn't rescue her with Me Too, nor could the therapist with "Do you feel they are treating you harshly?" Honey made one good try with: "Hammer, you're a pompous jerk," but no one else pitched in and she gave up. Some-

one tried to change the subject, but Nellie stuck her thumb out again for Hammer, who hit her some more.

The Seminar split into two camps. One said that Nellie quit because she wanted to play Ain't It Awful and they wouldn't play but hit her instead. The other said she was playing Kick Me and quit because they played too easily and it was no challenge. Both camps agreed, however, that in either case, the therapist might have backed up Honey very strongly with: "What's your need to hit little girls, Hammer?" and shifted the focus to him, followed later with "How do you feel when you can't tell your story (play your games), Nellie?" This would indicate to Nellie that they might be able to cure her of her misery by helping her to get game-free. The basic problems lay in the therapeutic contract. The therapist had no clear contract with Nellie as to what they were trying to cure her of. His administrative contract was also ambiguous because his clinical supervisor wanted him to be "passive" while his Seminar experience pulled him toward more "activity." Thus he was concerned with whether he had "talked too much" or "not talked enough."

April 28. The Seminar: "Preparation for the A.P.A. Panel."

First was a general discussion of planning and policy for the Evening Panel on "Transactional Analysis in the Treatment of Psychoses" to be presented at the Annual Meeting of the American Psychiatric Association the following week. (See pages 142-143). The chief problem was to make the presentations consistent, intelligible, and instructive so as to avoid a mere "interesting evening." G. Haiberg then read the paper he proposed to present, and this was discussed, and recommendations were made, with the foregoing in view. Since his was to be the first paper presented at the panel, simplicity, clarity, and stimulation were the chief requirements.

May 5. No Meeting because of A.P.A. Convention (see pp. 142-143)

May 12. (1) Gene Sagan: "The Relationship Between Dreams, Art & Psychosis."

S practices a therapy of physical self-expression, including dance and painting. He talked extemporaneously while pacing up and down, which was a novel experience for the Seminars. He made the very interesting point that dreams are never boring to the dreamer.

(2) Eric Berne: "An Adolescent Group." (Tape)

B played part of a tape to demonstrate several technical points, especially the evolution of the therapeutic contract. One boy was asthmatic and another had had a gastric ulcer since the age of 12. The contractual problem was whether these conditions could be cured in the group or whether they were best left alone for fear of precipitating acute episodes. The principal at stake was that the therapist should not start anything he would be unable to finish under the given conditions. B had decided to attempt the asthma but was still (16 meetings) exploring the potentialities of the ulcer. A 19 year old who had been in the "inadequacy racket" during nine years of previous group therapy had now given that up and was no longer "inadequate." This laid bare the underlying anger and depression to be worked with.

(3) Review of experiences at the A.P.A. meeting.

May 19. Mary Wallace: "A Group of Unwed Mothers." (Tape)

W presented a group of twelve women in a home for unwed mothers, ranging in age from 17 to 32. Nine of them were pregnant and the other three continued to attend post-partum after their babies had been given out for adoption. Attendance was compulsory while they were in residence. The group met for 1 hour once a week, with individual sessions in between. There were three questions: (1) How can the time be best utilized? (2) What about girls who only come to comply and are not interested in the proceedings? (3) How does one handle a

group with an in-and-out population? The object of the group was to diminish the probability of further illegitimate pregnancies. In the meeting presented, the girls discussed the question: "Which is more painful, signing the adoption papers or seeing the baby for one hour before it is given away for adoption?" The three post-partum women acted as resource people. The group had been introduced to structural analysis, but hardly used it at all during this session.

The answers to the questions emerged as follows. (1) The pregnancies tended to occur when the girls were "off guard." To prevent this, they must have a firm committment to PAC and use it on every possible occasion until it become automatic. Then when the critical moment comes they might use it "automatically." Hence in the group they must again and again week after week use PAC on every possible occasion until it becomes embedded. In this way they might avoid the real difficulties caused by their "unwanted" pregnancies. Their games must be analysed until they see that the pregnancy is wanted by their Child, and the advantages worked through so that they can exert social control over their tendency to be impregnated. (2) Girls who are not interested can sit and listen. If the therapist makes the group interesting enough they will join in; otherwise they might as well be left alone. (3) New members who are interested will ask questions and catch up to the old timers if they want to.

This group is interesting in that the formal termination date is almost certainly predictable for each member. On the tape they played "I'm A Typical Teen-Ager," basically ignoring their predicament and talking about teen-age banalities. PAC will help them confront themselves with the predicament, which is essential to attain the goal of treatment. The worker might better allocate her time by cutting down on individual sessions and using the released hours for more group meetings, perhaps a group session every day. Girls might enter a group prior to taking up residence in the home as well as continuing afterward.

W felt that for many of these girls pregnancy was an escape. They hoped for marriage, or failing that, a melodrama such as working anonymously out of town. As the families of these girls do not send them to camp like other children they know, the closest many of them can come is by getting pregnant. They know about the institution with its camp-like activities, work and play and arts and crafts, group activities, a holiday from school, and relief from the tensions of home life with other girls feeling the same relief, all under the guidance and supervision of a "counsellor." They have no money, but the admission card to this particular "summer camp" is biological rather than financial. Once the baby has been adopted they go back to their old life, but they know that they can return by obtaining a new "admission card."

May 26. (1) Mary Wallace: "Men View Unwed Mothers." (Tape)

W set up a "panel" for her group of unwed mothers by having three men, aged 18, 24, and 29, sitting concealed behined a curtain while the girls questioned them about their attitudes toward unwed mothers. These men had previously had some direct or indirect connection with the institution, and volunteered upon request from W. The questions and answers were conventional, and there was considerable rambling and story-telling on the part of the girls. The most interesting aspect was the group dynamics. The girls "requested" and the men "appeared" without any formal planning. Hence the first third of the meeting was devoted to setting up the contract between the panel and the girls, and to the rapid evolution of a "group culture" in which certain limits were set on both sides. All this was "played by ear" in medias res. Only after this experimental or tentative period did the group activity begin to proceed effectively.

(2) Eric Berne: "An Adolescent Group." (Tape)

This was a continuation of the tape begun on May 12.

June 2. Thomas Pritchard: "A Proposed Demonstration of Multiphasic Social Therapy."

P outlined an application for a grant for a research project in which transactional analysis would be used as the basis for counseling with offenders on probation. The principle was to train probation officers in transactional group therapy; these officers would then train the probationers and their wives; then the probationers would continue to have meetings in their homes without official leadership. Half of each group would consist of lay volunteers, "non-deviant members of society." All sessions would be taped. The research staff would have the usual office and electronic tabulating equipment.

The goals of the project were stated in a conventional vocabulary: socialization, therapeutic process, rehabilitative process, self-help-helping-others process, social cohesiveness, group solidarity, sense of belonging, and the combination of non-deviant members of society with offenders. The Seminars were unable to understand clearly the meanings of many of these terms or to synthesize coherently the large numbers of variables involved in the project. In general, their interest was in the varied possibilities for game-playing which the project seemed to offer. It was decided to postpone any formal involvement in the project, but to offer the same services as were available to the professional public in general. The probation officers on the staff would be welcome to attend the Introductory Course, and to present material for discussion at the regular meetings of the Seminars. Supervision on an individual basis would also be available. The paradigm of responsibility finally arrived at was that of a languge school. Such a school can offer courses in French, and also advanced seminars and individual tuition, without taking responsibility for the actions of its students outside of the school-room.

June 9. Jack Dusay: "A Mixed Outpatient Group." (Tape)

This was a continuation of the group D presented previously (see April 21, p. 135). The question at issue was whether D should have prescribed medication for Honey. Honey was an experienced patient who had survived many residents in the group. In the language of G. Haiberg, she had learned to "scare hell out of" young doctors, and that was what she did at this meeting, so that the therapist prescribed medication for her. Interestingly enough, her mother (for her own good reasons) had raised her and her sisters to be psychotics, while she brought the boys up to be social workers. On one occasion Honey and one of her brothers were in the same state hospital at the same time, he as a staff member and she as a patient. She had to have permission to stop doing what her mother told her to.

The tape was equally revealing about some of the other patients. Jane, who had killed one of her children some years ago, was now a "brave schizophrenic." Getting better meant being braver and braver, but did not change her from being a schizophrenic. The real therapy would be to start her off as a mother of the human race, even a cowardly one. Her continual use of clichés was an act of compliance, being a good little girl, and her homicide was a rebellion against this boring persona. She could find some other way to break out of boredom.

June 16. The Seminar: "Let's Break Up Into Small Groups."

This was a review of experiences with the workshop on Transactional Analysis at the Golden Gate Group Psychotherapy Society Annual Meeting (see p. 145). There was a didactic lecture in the morning and another in the afternoon, each followed by "small group meetings." The conclusions were as follows. (1) The reason for having small groups was not clear. Perhaps it was a fad, but one worth experimenting with. (2) It would be better to have only one leader for each group rather than co-leaders. Co-leaders diluted the proceedings and made them more

difficult to manage and analyse. (3) There was a question as to why some leaders preferred an "interesting experience" group to a didactic group.

June 23. Kenneth Everts & Eric Berne: "Interpretation of Tapes."

It is possible to predict what an individual patient X is going to do during a given group meeting, and often also what the course of his "therapy" will be for the next few months, by listening carefully to a few initial transactions. If X says: "I didn't study but talked the prof into giving me a pass so I could quit school." he will do the same thing in his therapy and this game has to be analysed before anything else can be accomplished. In some cases the significant aspects of the anamnesis can be inferred from initial patterns. On Evert's tape, patient Y who said: "I think I am probably inclined to do that too" evidently had a tripartite Parent, hence his triple hedge (I think) I am (probably) (inclined), rather than the declarative committment "I do that too." Y complained that his older sister persecuted him. "I think" (not do) was to placate her; "probably" (not for sure) was to placate father; and "inclined" (not definitely) was to placate mother. It has to be emphasized again that engineering and acoustics are irrelevant. No matter how noisy the tape is, the significant (transactional) words will come through even if the content cannot be distinguished. The content is only a vehicle for the transaction. Content analysis may be desirable later, but the initial question is: What is the patient up to? When Z says: "(crash bang hum) **friendship** (passing car hum zoom) **trust them"** that is all it is necessary to hear and all she really wants people to hear. In fast hearing the rest of the sentence would only obscure and confuse her complaint, which in this case was quite obviously: "My mother said if I studied hard Santa Claus would bring me friendship and the package came but when I opened it it was just some old newspapers." The listener who complains about the acoustics is playing Wooden Leg: "How do you expect me to understand the patient without Ampex?" This was confirmed by the fact that an experienced listener who sat farthest from the sound had no difficulty understanding the patients on the tape, while inexperienced listeners who sat near the loud speaker complained about the acoustics.

A LIVING PROBLEM

"THE PALM OF YOUR HAND"

Cyprian St. Cyr

R. Horseley, the sage of the Ozarks, had a beautiful daughter named Amaryllis who often disconcerted and delighted him by her own sagacity. On one occasion he complimented her on her topographical ability, saying: "You know these mountains like the palm of your hand!" To which she responded: "I don't understand your simile, father. Would you recognize the palm of your hand if you saw it lying on a table?"

Questions: (1) Would you recognize the palm of your hand if you saw it lying on a table? (2) Did you look at the palm of your hand when you read this? Or the palms of both hands? (3) If you did not, why didn't you? (4) If you did, why did you? It's too late for that now. (5) Would you recognize your own psyche if you saw it laying on a table?

BIBLIOGRAPHY

The use of transactional analysis in correctional work was described by Franklin H. Ernst and William C. Keating, Jr. in the April issue of the **American Journal of Psychiatry (120: 974-979, 1964)** under the title: "Psychiatric Treatment of the California Felon." After some general observations by the authors, Ernst outlined briefly but informatively some of the transactional operations, maneuvers, and games played by prison inmates. He gives an example, with a structural diagram, of changes in ego state in one situation, and then describes Cops & Robbers in some detail. He explains the advantages of having a clear contract with the members. In effect, the article gives a simple outline of transactional analysis without using the term itself, and illustrates the Martian approach without saying so explicitly. His Bibliography gives three references to the Bulletin. It should be noted that a digit has been omitted in one of these. His reference (2) reads "Trans. Anal. Bull. 2: 5, 1963," and should read "Trans. Anal. Bull. 2:56, 1963."

The recently published Volume IV of the annual **"Current Psychiatric Therapies" (Grune & Stratton, New York, 1964),** edited by Jules H. Masserman, contains two articles involving transactional analysis. The first, by W. Ray Poindexter, is entitled "Employment of Former Mental Patients." This is an expanded version of his article "Payroll Checks and Mental Illness" which appeared in the Bulletin (TAB 1: 22, 1962), based on a paper presented at the Annual Meeting of the American Psychiatric Association in Toronto in May, 1962. Poindexter recounts his experiences in successfully finding regular factory employment for discharged mental patients without going through the usual channels or forming a committee, and discusses the structural aspects of the employer-employee contract. If the employer (Parent) says "I'm Only Trying To Help You," the employee's Child will cooperate in a game of Wooden Leg. If the employer is not educated to think that the employee needs "treatment," he says instead: "Here's a job to do" (Adult) and the ex-patient employee responds (Adult) by doing the job. In this way, says Poindexter with characteristic directness, "some employers have achieved remarkable results in curing patients." In other words, if the employer acts like an employer and not like a therapist, the worker acts like an employee and not like a patient.

The second is "Principles of Transactional Analysis," by Eric Berne, adapted from the paper he presented at the A.P.A. meeting in St. Louis in 1963 (see TAB 2: 77, 1963). This is a brief elementary introduction oriented toward the active clinician.

While book reviews do not ordinarily draw much correspondence, curiously enough Berne's series of reviews in the **American Journal of Orthopsychiatry for April (34: 584-589, 1964)** did result in some mail. One eastern colleague wanted to know how to become a "cowboy" (a relaxed therapist who walks into any room where any group of patients is collected, without regard to selection, and proceeds to cure as many as he possibly can in the shortest possible time), and an appropriate reading list and seminar schedule was sent to him so that he could become acquainted with the transactional approach to group therapy.

(Reprints of these four items are available from Transactional Pub. on request).

BOOK REVIEW

(Books are reviewed here chiefly to determine their usefulness to transactional analysts. No arrogance or prejudice is intended as to their value in other respects).

A Psychiatric Study of Fairy Tales, by Julius E. Heuscher.

C. C. Thomas, Springfield, 1963, pp. 224, $7.75.

The title of this book appears promising as a possible contribution to the understanding of scripts, and it was because of the title that this review was undertaken. What Heuscher has produced is a work which belongs in the genre that began with Otto Rank's "Myth of the Birth of the Hero," and which includes Erich Fromm's "The Forgotten Language," Joseph Campbell's "The Hero with a Thousand Faces," and numerous articles in the psychoanalytic literature of the past fifty years, all perhaps stemming from Freud's early articles on "applied psychoanalysis," such as "The Theme of the Three Caskets." Heuscher has rather ambitiously undertaken an eclectic approach which includes Freud, Jung, and the existentialists. This results in a lack of conviction and clarity; and more important, from a transactional point of view, a lack of operational meaningfulness.

He tells us with great elaboration what went on in the heads of both the heroes of the fairy tales and those who wrote them, but he shows little interest in what they did about any of it. They are all in what a grammarian would call the optative or desiderative mood, full of yearning and nostalgia, with no imperative or indicative. While they have no imperatives themselves, they are perpetual passive victims of the orders of others. They sit helplessly and contemplate their souls while all sorts of things happen to them, but they themselves make nothing happen. They are all playing "Why Does This Have To Happen To Me?" (I was just standing on the corner minding my own business). Because of this naiveté, and the phenomenological, subjective approach, the book does not help us understand how people go about living the lives they have chosen for themselves, how their transactions are organized and oriented toward the fulfillment of their scripts. Curiously enough, the Brothers Grimm themselves were more aware of the realities hidden in their tales. Heuscher quotes one of them as noting privately that after the prince married Briar Rose, he became bored with her trivial talk and began to philander. That sounds more like a script: Briar Rose's script (to be boring and betrayed after sleeping for a hundred years), and the prince's script (to be bored by his wife after getting all torn up rescuing her, and to look for more ladies to rescue). These both sound like recognizable patients: say a myxedema and a necrophile.

The most difficult aspect for the transactional analyst is the symbolism imputed to the stories. The verbs "symbolize" and "represent," as with Fromm, are used as simple transitive verbs, when in truth they are meaningless without an indirect object. What does it mean to say things like "The red riding hood symbolizes menstruation"? To whom does it symbolize menstruation? To the little girl? To the patients? I don't know if it symbolizes menstruation to me, but I do know that if it doesn't I am a square, since it is supposed to. I think it symbolized one thing to the man who wrote the story, another thing to the wolf, something else to the little girl, and something else to me when I first heard the story. That is what I think. But I don't know. All I know for sure is what it symbolizes to a very minuscule segment of the population: those who write psychiatric articles about it.

E. B.

A. P. A. PANEL

Secretary's Report

Alfred C. Wood, Jr.

An evening panel on "Transactional Analysis in the Treatment of Psychotics" was included in the program of the One Hundred and Twentieth Annual Meeting of the American Psychiatric Association in Los Angeles, May 4-8, 1964. This was a dinner meeting held in the Galeria Room of the Hotel Biltmore on Tuesday evening, May 5, under the auspices of the San Francisco Social Psychiatry Seminars and its Affiliate Transactional Analysis Seminars in other cities. About 80 people attended the dinner, and approximately 30 others came after dinner to hear the discussion. The panel consisted of the following members:

Eric Berne, M.D., Carmel, California, Moderator

Alfred C. Wood, Jr., M.D., Philadelphia, Secretary

Carl Bonner, M.D., Portland, Oregon

Grodon Haiberg, M.D., Stockton, California

Robert M. Hodges, M.D., Pasadena

Solon D. Samuels, M.D., Los Angeles

Zelig Selinger, M.D., Edmonton, Alberta

Berne started the proceedings by giving a capsule outline of transactional analysis. Haiberg then emphasized three points in the care of in-patients: first, train the hospital staff to be "chain strokers;" second, identify and break up the most destructive game of each patient; third, convince the patients that they as people are important, even if they do not know it or believe it. Bonner presented the case of a chronic schizophrenic treated with structural analysis, who was eventually able to leave home and finish college. He felt that this result went beyond the usual expectations in treating such a case by conventional methods. Hodges presented results achieved in mixed individual and family therapy by sustained game analysis; the primary patient made great use of "hangdog", a non-verbal Ain't It Awful with Child manifest, in the midst of generalized family expertise at "Corner." Samuels demonstrated the usefulness of structural analysis in a short-term in-patient program in a private hospital, particularly in dealing with adolescents; both patients and staff benefitted, even without the introduction of more complex procedures such as the analysis of transactions and games. Selinger was unable to be present.

In closing, Berne made a crucial distinction between "marshmallow throwing" and "stroking," to emphasize that only the latter has authenticity. The question period was animated, but revealed that the switch from ingrained modes of thought to the transactional schema can scarcely be accomplished in on introductory session.

A THOUGHT FOR SUMMER

"Nothing interferes with friendship like sex, and nothing interferes with sex like friendship."

C. St. Cyr: **Letters to My Wife's Maid**

TRANSACTIONAL ANALYSIS AT THE A.P.A.

The formal report of our panel at the Annual Meeting of the American Psychiatric Association in May will be found on page 142. We were first assigned a small conference room, as we had expected, which would comfortably dine the panel speakers, such of our members as cared to join us, and a few new people who might be seeking enlightenment as to what we were trying to do. Instead of the anticipated 20, however, there were 80 dinner tickets sold, and we were transferred just before the deadline to a large banquet room. This necessitated an urgent reorganization of our plans, in accordance with the new arrangements which had been made by the A.P.A. Committee to accommodate the unexpected influx. A phone call to our private headquarters in the hotel brought immediate action. A team of our members took the situation in hand at once, directing traffic and making seating arrangements, and with the assistance of the Arrangements Committee of the A.P.A., brought off the switch without a hitch.

The private headquarters consisted of a suite in the Biltmore where we held open house from Monday through Friday. Again we had underestimated the situation. There was a constant stream of visitors from morning until midnight, and during the late afternoon hours the room was packed. Some of the visitors were invited personally, others were attracted by a sign in the main lobby giving the location of "Transactional Analysis Headquarters." Many came to find out what "transactional analysis" was, and our team of hostesses and "information committee" were glad to tell them. The Science Editor Emeritus of the Hearst papers was among those who wanted to know about transactional analysis, and we offered him the instruction of the assembled members, but he preferred a private interview with the Chairman.

Many out-of-town members used the headquarters for relaxation between papers and in the evening. This gave the San Francisco contingent a chance to exchange news with old-timers who had moved to other parts, and enabled members from various parts of the country to get acquainted with each other. Colleagues from abroad also dropped in, and many of them for the first time learned of the existence of the Seminars and "T.A." (It was noticeable that the abbreviation "T.A." was becoming more and more popular, which may or may not be a good thing). Because of the gratifying response to this open house, it is probable that the Seminars will have similar private headquarters at each annual meeting of the A.P.A. and at some other national conventions. The use of this headquarters for relaxation and for meeting friends and colleagues will then become an additional privilege of membership.

Since our Costa Rican affiliates were not able to attend the convention, we paid our respects to them a week or two later by holding a "Costa Rican" party at the home of Mary Wallace in San Francisco.

SOCIAL WORKERS WANTED

There are two positions open for social workers in the Monterey County Psychiatric Clinic in Salinas, California. Opportunities are provided for clinical training and experience in transactional analysis. For information call Keith Rubrecht, M.D., Director, Monterey County Psychiatric Clinic, 408-424-7627.

A THOUGHT FOR SUMMER

The wolf changes his coat, but not his disposition.

Latin Proverb

PUBLICATIONS

Transactional Pubs (Box 5747, Carmel, California 93921) can now supply by mail the two texts: **Transactional Analysis in Psychotherapy,** and **The Structure & Dynamics of Organizations & Groups.** An order envelope is included with this issue of the Bulletin. In addition the following Transactional Analysis Bulletin Supplements are available by subscription. Prices include postage and taxes where applicable.

Games People Play, Transactional Analysis Bulletin Supplement No. 2, Limited Edition of 1000 copies. A hard cover book with the same text as the trade edition, but with a special title page. Subscription $5.20 per copy. The book consists of two sections. Part I is a theoretical discussion of game analysis. Part II is a descriptive thesaurus of pastimes and games, containing about 120 items in the index.

BULLETIN

IT'S ON THE WAY

After long travail, **Games People Play** is finally in print. A shipment is on the way from New York and is expected July 20th. Copies will be mailed to prepaid subscribers as soon as it arrives. The delay was the publisher's, not ours. We have been holding some of the subscription checks since January, and they will be turned in to the bank when the books are sent out.

The second edition of **Outline for an Introductory Course in Transactional Analysis and Social Dynamics, TAB Supplement No. 1,** is now ready for those teaching this subject clinically or academically. It is essentially the same as the first edition, with some minor improvements based on further teaching experience. It consists of 13 pages in mimeograph, interleaved with blank foolscap pages for instructor's notes, giving topical headings for a course of eight lectures. Subscription $2.08 per copy.

CONDENSED INTRODUCTORY Course in Transactional Analysis, TAB Tape Supplement #1. Four lectures given at the First Summer Conference, 1963. An on-the-spot recording, acoustics non-professional. One tape, 2400 feet, 2 sides, 4 hours, 3¾ ips. Subscription $26.

Subscribers are requested to send us suggestions for improving the quality of our tape-recordings. These should be addressed to the head of our tape-recording department, Dr. Franklin Ernst, 408 Tennessee Street, Vallejo, California.

We have a tape entitled "The Structure of Marriage," being a lecture given in 1963 at the Noon Topics series of the University of California Medical School. There have been some requests to issue this as TAB Tape Supplement #2, but the quality of the tape is poor in some sections. This could be partly but not entirely remedied by careful editing and commentary. If, however, we receive two or more prepaid orders for this tape, it will be issued on a 5" two-sided reel at 3 3/4 i.p.s. to run about 1 hour and 15 minutes, including commentary, priced at $8.32.

ORGANIZATIONAL NEWS

AFFILIATES

For information about Introductory Courses (101) or Clinical Seminars (202) conducted by Affiliate Seminars, the following individuals may be contacted:

COSTA RICA: Dr. Gonzalo Adis-Castro, Hospital Psiquiárico Chapuí, San José (Study Group)

MONTEREY PENINSULA: Dr. Robert L. Goulding, P.O. Drawer 6116, Carmel (101 & 202)

SOUTHERN CALIFORNIA: Mr. William J. Collins, Department of Corrections, Room 3110, 107 So. Broadway, Los Angeles 12 (101)

Dr. Robert M. Hodges, 3951 E. Huntington Drive, Pasadena (101 & 202)

Dr. Solon D. Samuels, Gateways Hospital, Los Angeles (101)

STOCKTON: Dr. Gordon Haiberg, Stockton State Hospital (202)

TRANSACTIONAL ANALYSIS AT THE GOLDEN GATE

Many of our members participated in the Seventh Annual Scientific Conference of the Golden Gate Group Psychotherapy Society held in San Francisco on June 13, 1964. Our Chairman conducted an all day Introductory Course in Transactional Analysis, attended by about 25 registrants. Seven of our more experienced members alternated in conducting small groups to clarify the concepts, while one of our lady members manned our Exhibition Booth throughout the day. Transactional analysis was represented in almost every one of the Scientific Sections, Panels, and Workshops. Dr. Franklin Ernst, the Vice-President of our Seminars, was inducted as President of the G.G.G.P.S. for the coming year.

WRITING FOR THE BULLETIN

Many people, from shyness or inexperience, have been reluctant to write articles for the Bulletin. In order to encourage and orient them, while at the same time maintaining the proper standard of scientific writing, it is suggested that articles for the Bulletin be written with a specific audience of two imaginary readers in mind. The first is a B.A. in a small town in the Dakotas who is relatively isolated from professional contacts. He has read one book on transactional analysis and would like to know more about it. He is not familiar with our colloquialisms, but has an agile mind and can catch on if he is given enough clues. The second is a Ph.D. or M.D. in an eastern metropolis. He has an I.Q. of over 150 and has lunch every day with a group of equally keen-minded and widely-read colleagues. He wants to know what we are really up to and whether it will stand up under penetrating critical challenge. The Editor will be glad to assist in revising carefully written articles of not more than two pages, doublespaced, designed to satisfy both these readers.

Articles written with these criteria in mind will be of more value to the general circulation of the Bulletin than articles directed mainly toward the Active Membership.

CHARTER TRIP

A charter trip is possible for Spring, 1965, to Hong Kong, England, or South America, by plane or ship. Anyone interested should write Dr. Robert Goulding, Drawer 6116, Carmel, California 93921, giving preference for mode of travel and destination. Present planning calls for return prior to the American Psychiatric Association; meeting in New York in early May.

SUMMER CONFERENCE ON TRANSACTIONAL ANALYSIS

The second Summer Conference on Transactional Analysis will be held on Saturday & Sunday, August 22 & 23, 1964, at the Asilomar Conference Grounds near Monterey, California. The program will be in two sections.

Section I. WORKSHOP

An intensive Introductory Course for beginners (Saturday morning, afternoon, and evening, Sunday morning) consisting of didactic lectures (Berne) and small group discussions with experienced leaders. This is open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields; to graduate and undergraduate students in medicine and the social sciences; and to teacher, correctional officers, and clergymen.

Section II. CLINICAL

This is open to those who have had an Introductory Course in transactional analysis, or its equivalent. Section II will be divided into four consecutive subject periods (Saturday and Sunday).

A. Transactional Analysis with Adolescents (D. Kupfer)

B. Transactional Analysis with Alcoholics (R. Goulding)

C. Transactional Analysis with Families & Couples (R. Hodges)

D. Introducing Patients to Transactional Analysis (S. Samuels)

Anyone having a paper to present on any of these subjects is requested to send an abstract in duplicate to the Program Man, SFSPS, Box 5747, Carmel, California 93921.

In addition, there will be an Old Fashioned Graduation Party and other social activities. Families accompanying those who are attending will find ample opportunities for recreation and sightseeing, including an ocean beach and a heated swimming pool on the Conference Grounds.

COSTS

Registration fees for those attending sessions will be $5 for Active, Associate, Affiliate, and At Large Members, and $10 for non-members. The latter will automatically include Associate Membership and a subscription to the Transactional Analysis Bulletin. For the Introductory Course, there will be an additional fee of $20. This year the best building at Asilomar (Surf & Sand) has been reserved to accommodate those arriving Friday evening. Since this is the rush season, those arriving Saturday and assigned to other buildings will not be able to occupy their rooms until after lunch Saturday. Accommodations run $14 to $18 per person, including three meals Saturday, lodging Saturday night, and breakfast and lunch Sunday, with special rates for children. For the earlier arrivals, Friday night's lodging will be pro-rated.

Those planning to attend are requested to remit Registration and Workshop fees together with a deposit of $10 per person to reserve accommodations. Checks should be made out to the San Francisco Social Psychiatry Seminars (SFSPS) and **sent with the registration form on the next page.** Advance registration will assist in planning and will ensure choice of accommodations.

EXTRA FLYERS

Separate notices have been sent out announcing this conference. Anyone desiring extra copies of these flyers for distribution or for posting on organizational notice boards may obtain them by writing to SFSPS, Box 5747, Carmel, California, 93921.

To: San Francisco Social Psychiatry Seminars (SFSPS)
Box 5747, Carmel, California, 93921

I am planning to attend the summer conference and would like to reserve accommodations starting

Friday evening ( ) Saturday at lunch ( ) None ( )

I enclose check for registration as

Member	$5	Non-member	$10 $.....
Introductory Course (additional)			$20 $.....
Housing & Meal Deposit for ..... people at $10 each			$.....
Total funds enclosed			

Name (please print) .....
Address .....
City ..... Telephone .....
Degrees ..... Affiliation .....
Names of others in party & ages of children (if any)

.....
.....
.....

FALL INTRODUCTORY COURSE

There will be a regular eight week Introductory Course offered in San Francisco, starting in October. Those desiring to be notified should send their names to Transactional Analysis Bulletin, Box 5747, Carmel, California, 93921. Formal announcements will be sent out in September. The course will be held on Wednesday evenings from 8:30 - 10:00 p.m.

EDUCATIONAL ACTIVITIES

Seminar 202, Transactional Analysis in Clinical Practice, will continue to meet every Tuesday evening at 8:30 p.m. until August 18 at the office of Eric Berne, M.D., 1200 Washington Street in San Francisco. Professional visitors are welcome. It is suggested that they check in advance by telephone, PRospect 6-4256, and they are requested not to arrive before 8:20 p.m. There is no fee for this Seminar, but regular visitors are invited to become Active Members.

After the fall vacation, meetings will resume in Mid-September.

During the Summer Quarter, it is anticipated that therapy groups, clinical situations, and tapes will be presented for transactional and game analysis, interspersed with special lectures, didactic-clinical discussions, and problems of group and organizational dynamics.

APA & GGGPS

Details concerning transactional analysis at the Annual Meeting of the American Psychiatric Association in Los Angeles will be found on pages 142-143. An account of our activities at the Annual Scientific Conference of the Golden Gate Group Psychotherapy Society in San Francisco is on page 145.

The Seminars

The San Francisco Social Psychiatry Seminars and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and educators. The teaching is primarily oriented toward group therapy and group work based on transactional analysis, and research in social dynamics is encouraged. The Seminars, now in their seventh year, have been almost entirely supported from tuition and membership fees. Contributions are welcome.

The Seminars and Affiliate Seminars are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. In certain cases, well-recommended undergraduates are eligible to attend. Professional workers are always welcome to visit the seminars in San Francisco or the Affiliate Seminars in other cities, and can become Active or Affiliate Members, if otherwise eligible, on completion of an Introductory Course or its equivalent. Active members who leave the San Francisco area or cannot continue regular attendance are invited to become Members At Large. Professional workers in other cities may join an Affiliate Seminar, if one exists locally; if not, they are invited to become Associate Members.

All classes of membership include the following privileges: (1) Subscription to the Bulletin (2) Entrèe to the San Francisco Seminars when visiting that city (3) Hospitality of the temporary Seminar headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences.

Subscriptions to the Bulletin are available to institutions and libraries at $4.00 per year.

The San Francisco Seminars meet in mid-week at 1200 Washington Street, San Francisco. Correspondence regarding attendance should be addressed to the Secretary, San Francisco Social Psychiatry Seminars, Box 5747, Carmel, California. Those desiring mail membership (At Large or Associate) may fill in coupon below.

Please advise us of change of address. Use the coupon below to renew your membership when it falls due.

Send to: T. A. Bulletin, P. O. Box 5747, Carmel, California, 93921

Please enroll me in the San Francisco Social Psychiatry Seminars as a

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Check enclosed ( ) Send bill ( ) (U.K. 6/— per dollar)

SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS
FOR THE STUDY OF TRANSACTIONAL ANALYSIS
AND SOCIAL DYNAMICS

TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 3 OCTOBER 1964 NUMBER 12

Page

SCIENTIFIC PROCEEDINGS
SUMMER QUARTER, 1964 - - - - - - - 151

SECOND SUMMER CONFERENCE - - - - - - 155

A LIVING PROBLEM - - - - - - - 155
C. St. Cyr

CONFERENCE PROCEEDINGS

TRANSACTIONAL ANALYSIS WITH ADOLESCENTS - 156
David Kupfer

TRANSACTIONAL ANALYSIS WITH ALCOHOLICS - - 158
Robert Goulding

TRANSACTIONAL ANALYSIS WITH FAMILIES & COUPLES 159
Robert Hodges

PATHOLOGICAL SIGNIFICANCE OF GAMES - - - 160
Eric Berne

PUBLICATIONS - - - - - - - 161

ORGANIZATIONAL NEWS - - - - - - - - 162

EDUCATIONAL ACTIVITIES - - - - - - - 163

TRANSACTIONAL ANALYSIS BULLETIN

Published Quarterly by

THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

A NON-PROFIT EDUCATIONAL CORPORATION

VOLUME 3 OCTOBER 1964 NUMBER 12

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members, former students, and other interested parties current with the scientific, educational, organizational, and personal activities of the San Francisco Social Psychiatry Seminars and its Affiliates. All classes of membership in the Seminars include a subscription to the Bulletin. A membership registration blank will be found on the back cover of each issue. For institutions, libraries, and individuals not desiring membership, subscription is $4.00 per year. Subscriptions and enquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California, 93921.

Contributors

Articles, clinical notes, news items, book reviews, and letters to the editor should be addressed to the Editor, Transactional Analysis Bulletin, at the above address. They should not exceed two double-spaced typewritten pages in length, except by special arrangement.

Advertising

Rates for classified and display advertising will be submitted on request. The Bulletin reaches a select audience of professional people in Northern and Southern California and other parts of the country.

Editorial and Circulation Assistant, Mary N. Williams

THE SAN FRANCISCO SOCIAL PSYCHIATRY SEMINARS

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SUMMER QUARTER — ADVANCED SEMINAR - 202 - JULY - SEPTEMBER 1964

The abstracts below are written for professional readers who are assumed to be familiar with the basic principles and terminology of transactional analysis.

June 30. Eric Berne: "The Job of a Group Therapist."

B raised the old question, now familiar to the Seminars: "What does a group therapist do that a good scoutmaster with a few hours of indoctrination couldn't do as well or better? Why don't group therapists go to New Guinea and cure yaws instead of sitting where they do?" It would be encouraging if the suicide, crime, and mental hospitalization rates of 1000 consecutive group therapy patients could be shown to be lower than they are in the general population. This would indicate whether or not group therapy had preventive value, but this has not yet been demonstrated. The cure of symptoms is another interesting criterion. What is the real meaning of the polysyllables usually used as criteria for improvement? Why do group therapists need to go to college? One member suggested that ability in physical diagnosis can only be got by clinical training, and this teaches group therapists how to observe properly. B presented a group meeting to illustrate the need for continual re-examination of goals in order to prevent smugness and time-serving.

July 7. Orville Lester, Percy Pinckney, and Acklin Thibeaux: "A Street-worker's Problem with Chinese Gangs."

P found a gang of Chinese boys who hung around a small cellar pool hall known as "The Hole." He raised two specific questions: (1) What are the cultural influences which interfere with effective street-work here? (2) What is the best way to communicate with the non-English speaking parents of these boys?

P is connected with the same organization previously discussed at the Seminars by Carl May (TAB 2: 44, January, 1963) and Vera Haile (TAB 3: 104, January, 1964). The authority diagram was reviewed by Lester. As the outfit is now connected with the Community Chest, there are new parameters as discussed by Jones (TAB 2: 71, July, 1963; 89, October, 1963), essentially setting up a variant of the game of Research Grant (TAB 2: 87, October, 1963, & Capers, TAB 3: 105-106, January, 1964).

As to the specific questions, L. Dong suggested that using the boys themselves as interpreters would be ineffective. An older English speaking clan member in whom both the boys and the parents had confidence, would be better. M. Wallace said that in the Bleecker Street Hospital in New York, it had also been found advisable to have a third Chinese party as interpreter rather than the young people themselves. In that case they had used Chinese Visiting Nurses successfully.

From a structural point of view, using the boy as interpreter for and to his mother meant that he reversed their roles and became Parent to her Child; such a reversal would be particularly unpalatable to Chinese of the older generation. There was an instructive parallel to therapy here: there was a parent (the boy's mother), a child (the boy), and an adult (the street worker); this was exactly equivalent to dealing with a single patient in whom these three were represented by ego states, Parent, Child, and Adult. The boy who misinterprets to his mother for his own advantage and then reports everything OK to the worker, and the mother who agrees with the worker but later seduces her son by saying: "But you and I know better, don't we, son?" have exact parallels in the therapeutic situation.

July 14. Joseph Concannon: "Transactional Analysis & Therapeutic Community."

C described the merging of two therapeutic community wards in a Naval Hospital. Systematic presentation of the authority diagram clarified initially many aspects of the situation. The patients came from assorted diagnostic categories, and stayed on the ward from 3 weeks to 6 months. The community group met daily for 45' and the patients made most of the ward decisions. The meeting was preceded by a 20' sick call ward round. Attendance was obligatory. The patients themselves decided whether they wished to continue in the service or be discharged. The discharge rate was higher than in military hospitals where this decision was made by the staff.

C then presented orally a meeting of 30 patients and 12 staff members. By dealing only with the transactions which occurred in the group, he eliminated "Ain't It Awful" about outside occurences. By letting the patients decide their own disposition, he eliminated "How Do You Get Out Of Here." By making attendance obligatory, he eliminated most attendance games and threw the remaining ones into high relief. The initial sick call, when each patient could have a word with his doctor, reduced "Ain't It Awful" and "Wooden Leg." In general, games in the major process (between therapists and members) which are usually "socially acceptable" were reduced as much as possible, thus throwing into relief pathological games in this area. The patients were mainly thrown back on games in the minor process (between the patients themselves). This enabled the therapists to concentrate on observing pathology. C observed that "before the meeting begins" the Child ego state of the patients was more evident, while their Adults tended to take over when the staff was present.

C is a transactional social worker and the co-therapist was a psychologist who was not much interested in transactional analysis. C raised three questions. (1) The co-therapist criticised him for being "too active." (2) How is PAC presented to such a mixed and transient group? (3) Is it necessary, as commonly stated, for two co-therapists to be "harmonious?" The Seminar's replies: (1) The therapist is not bound to any Standard Intervention Quotient. The only criterion is how much intervention makes the patients get better faster. (2) Enough PAC can be presented in a week or two to be useful, and the educated patients are glad to help, as the proceedings of the presented group demonstrated. (3) Some patients will try "Let's You And Him Fight" no matter how "harmonious" the therapists appear to be. The crucial point is not the "harmony" but the ability to avoid LYHF. In general, the Seminar agreed that the organizational contract (with superiors) was admirably worked out, but the patient-therapist contract seemed vague and the goals of the therapy had not been clarified.

As a by-product, C quoted several apt colloquialisms invented by his patients. "I'm a real nut—baptized, confirmed, and waiting for the last rites." "I feel lower than whale sh— lying on the bottom of the ocean, and you can't get much lower than that." "You can tell how long a doctor has been in the navy by the number of threads hanging from his uniform."

July 21. Eric Berne: "Consultation for a Therapeutic Community."

B described two visits to a therapeutic community group in a children's psychiatric in-patient service with the specific question: How can this group contribute better to the rapid and effective cure of the patients?" The age and diagnosis of the patients is irrelevant, since the dynamics of groups are universally constant, and the group can only be a matrix for the treatment of individual patients. Any competent group leader can obtain the minimum benefits of group membership for his members without any special training. The question at issue is what professional training can contribute in addition to the minimum benefits. The therapeu-

tic community leader has two roles: he is a therapist and a part of the hospital apparatus. In the second role he functions as an officer. Hence such a group is dynamically similar to a correctional group where the leader has also to function as a therapist and as an officer. Naive attempts to "combine" these two roles will not be very effective. The sophisticated approach is to keep them separate on a contractual basis and in time. As a therapist, his job is to cure individual patients; as an officer his job is to keep the environment optimal. The group meetings should be split into a phase of "administrative adjustments" in which the leader functions as an officer, and a phase of "therapy" in which he functions as a therapist. The two should be clearly separated in the minds of both the leader and the patients, and should not be allowed to overlap. The "needs" of the group are often incompatible with those of individual patients, and vice versa. Hence compromises are necessary. These compromises can only be rationally planned if everyone is aware of the two distinct roles and their corresponding contracts. There is a time to say (as an officer) "You can't have razor blades in your room," and another time to ask (as a therapist) "Why do you want razor blades in your room?" If the two roles are confused, the leader has no way of deciding between the two and may ineptly say the wrong thing at the wrong time. Nurses can learn to apply these principles effectively just as easily as other professionals, and should be taught to do so in order that their capacities can be properly utilized in the therapeutic community. If they are not so taught, many of their potentialities go to waste.

July 28. Paul McCormick: "Background, Character, and Treatment of the Juvenile Offender."

M gave a concise and informative summary of TA as it applies to juvenile offenders with particular reference to helping them attain the "First Position:" I am OK, You are OK. This is the "healthy" position, and he outlined the advantages (in the technical sense of the word) of "health." This paper is intended for reading at a scientific meeting of correctional officers, and the Seminars discussed both its content and its audience impact. M's approach is unconventional because it is Adult rather than Parental, and avoids the common correctional game of "It's Delicious" ("Everybody wants to go straight because It's Delicious").

August 4. Howard Stubblefield: "First Meeting with a New Therapist." (Tape).

S's group was similar to that described by Horowitz (TAB 1: 8, April, 1962). With years of experience, they regarded themselves as "training young therapists," and were expert at frustrating young psychiatrists who played "I'm Only Trying To Help You." S, knowing this when he took the group over from another resident, avoided playing ITHY. The members then relegated him to the role of a Connection for medication, and then stated that they did not need medication anyway, thus negating him completely. S proposed the question: Under these conditions, why did they need him at all? The group met around a table, and all the patients were under heavy medication. One patient had said she would improve when her father died, and he died, and she did.

S might set up a contract with the patients to get better instead of merely "making progress"; i.e., to become non-schizophrenics instead of merely improved schizophrenics. However, the table which hindered direct confrontation, and the medication which dulled them, were both inimical to such a contract. In any case, improvement could not be verified until the medication was stopped. S could be fired, or at least rebuked, if he stopped medications and an untoward incident happened. Hence little could be done without reviewing both the therapist-patient and the therapist-administration contracts. He would have to decide between the stabilized "No problems, no appreciable progress" (NOPNAP), and "Will attempt cure, with attending risks" (WACWAR). With NOPNAP he could vegetate along

with the members; WACWAR meant coming alive, with its attendant anxieties for all concerned.

August 11. John Cooper: "A Group with Fluid Membership." (Tape)

C, a beginner in group therapy, presented a voluntary group for short-term patients in a state hospital meeting twice weekly. His question was: What can you do in six weeks, especially if some of the patients don't come regularly? The authority diagram was based on "Research Grant," a large sum of money devoted to testing the results of short-term therapy with hospitalized psychotics. The ward psychiatrist was too busy with administrative duties to do therapy, and this was "left" to the psychologists. C was given "freedom" (no supervision) to try group therapy. He proceeded with a conventional graduate school model of groups: Group therapy is Good, Silence is Bad, the therapist should not be Too Active. He felt that he had made many "mistakes," especially Talking Too Much.

The Seminars were impressed with his skill in dealing with the patients, but noted the lack of contracts. There was no statement to or from the administration as to the purpose of the group, and no statement to or from the patients as to what they were there for. The decisive "real" question was whether the patients could be changed into non-schizophrenics, or only bolstered into "braver" schizophrenics. Contemporary clinical training in effect forbids the young therapist to cure schizophrenics. On the tape the patients played "Why Don't You . . . Yes, But" and "How Do You Get Out of Here (without losing your pass for re-admission)". It was evident that some of them were curable. C's thesis "You can't do much in six weeks" was analysed. If the patients met 5 times weekly instead of twice weekly, they would have 30 meetings, equivalent to six months of weekly group therapy. It was recommended that he try for cures in two cases; if necessary the patients could be re-admitted for another six week cycle. Initially, simple structural analysis would enable them to function as Adults on the outside.

Culturally, the group proceedings centered around "Us poor guys in this juvenile gang are really better off than those rich guys outside because . . ." The therapist joined the gang by telling them that he was a beginner ("no good either"). To get better, they would first have to concede that the rich healthy cheerful guys on the outside were better off, not worse off, than the poor unhealthy depressed guys in the group.

August 18. (1) The Seminars: Planning for the Summer Conference

Planning was confined to specific questions which were discussed briefly and relevantly in the light of actual experience. In this way solutions for each problem were agreed upon expeditiously and the meeting proceeded to the clinical phase.

(2) Eric Berne: "A Group Meeting — Follow-Up."

August 25. (1) The Seminar: "Reactions to the Summer Conference."

Specific suggestions for improving the Summer Conference were brought up, considered, and accepted or rejected.

(2) Tay Sloan: "Children in Shadow." (Movie).

S is interested in making a movie based on TA and showed one of his productions, a documentary about disturbed children at a farm colony. He stressed the need for the photographer to go slowly and to talk straight in order for the children to lose their self-consciousness so that they will not look into the camera.

The Seminars did not meet during the month of September.

THE SECOND SUMMER CONFERENCE

The Second Summer Conference on Transactional Analysis was held at the Asilomar Conference Grounds near Monterey, California, on August 22-23, 1964. There were 115 registrants, of whom about 50 took the Introductory Course, while the rest attended the Clinical Sections. Most of them were Californians, but they came also from Pennsylvania, Michigan, Oregon, and Utah, many of them bringing their spouses and children. They included psychiatrists, social workers, psychologists, correctional workers, sociologists, teachers, clergymen and nurses.

This year the Friday night as well as the Saturday arrivals were accomodated on the Conference Grounds. The housing was handled by the Registrars, Ellen Berne and Margee Goulding, while Anne Garrett ran the desk for Transactional Pubs and Ricky Berne acted as messenger by and junior electrician and sound engineer. This year a professional, Milan Herben, of the California Music House, was in charge of the tape recording. On Saturday evening, Dr. and Mrs. Robert Goulding of Carmel opened their house and grounds to all the registrants for a Graduation Party, assisted by Mrs. Carl Bonner and the Goulding children. Those still in the area on Sunday evening were entertained at the home of Dr. Eric Berne in Carmel.

Next year the conference will be held on the week-end of August 21-22. A committee consisting of Drs. Robert Goulding and David Kupfer have undertaken to improve the arrangements in the light of our first two experiences, to look into the possibility of more luxurious quarters, and to set up a more extensive program so that more individual papers can be presented.

A LIVING PROBLEM

"SEX INSTRUCTION"

Cyprian St. Cyr

R. Horseley, the sage of the Ozarks, liked to talk to the young people of the town. On one occasion he made himself comfortable in a cell in the local jail with Merle Snodgrass, an old friend of his. He asked the boy why thieves always blew their money in rather than saving it for comfortable living.

"When I was thirteen years old," replied Snodgrass, "my father, being an upright citizen, decided the time had come for sex education, so he said to me: 'Don't ever let me catch you going to the red house on Bourbon Street, where there are bad girls who will do anything for $5.' When my mother discovered the next day that $5 had been stolen from her purse, I hadn't had time to go down there yet and they found the money hidden in my Social Studies book. My father not only took the money away, but gave me an awful tanning. If I hadn't decided to wait until night-time, they wouldn't have found the money and I would have had my fun to boot. So that's why I always get rid of it as soon as i lay my hands on it."

"Well," said Horseley, "I have to run down the hall for a minute, and don't let me catch you taking the master key to the jail out of the pocket of my coat hanging over there." Instead of using the key, the sage called the sheriff to let him out and then in again. Snodgrass greeted him in a very surly manner, and said he didn't want to talk to him any more. Horseley was not surprised, since the key in his pocket wasn't a master key, and did not fit the door of Snodgrass's cell.

Question; (1) Was Snodgrass right or wrong in being angry at Horseley? (2) Did Snodgrass learn anything from this experience? If so, what?

CONFERENCE PROCEEDINGS

SECTION I

CONDENSED INTRODUCTORY COURSE

Four didactic lectures with small group discussions in between.

SECTION II

A

TRANSACTIONAL ANALYSIS WITH ADOLESCENTS

David Kupfer, Ph. D., Chairman

K presented a group of adolescents, five boys and two girls, ages 13'10 to 15'10. The first 30 meetings of this group had been discussed during the 1963 summer conference. This presentation included a review of the first 30 weeks and a follow-up to the present.

Since the group's beginning in November 1962, five new members have joined and five have left the group. The reasons for leaving were: one "didn't get enough out of it", one refused to return to the group because she was afraid of the boys, one moved away, and two were kept away by the parents because of "financial and transportation" difficulties. Of the present membership, five have been with the group since its formation, the other two have been coming four months and four weeks respectively.

During the school year the attendance has been 92% with 6% accidental and 2% resistance absences. Originally four of the seven members came to the group because of their own interest after having heard about it from their parents, while the other three were made to come by their parents. At present all of them are coming voluntarily for reasons like "I am learning something, this will be important for my future, this way I'll learn to avoid making the mistakes my parents made". One or both parents of six group members are in private and/or group therapy.

Two major problems had to be dealt with at the beginning of this group. One concerned the possibility of K's Child or Parent interference. The Child might want to be a good Joe, show off that he is a good therapist or show his cleverness by participating in the joking. The Parent might tend toward admonitions, "to be quieter and settle down". The second problem concerned the establishment of a clear contact with the group members and their parents, thus reducing the opportunities for games they could play with him. Since K's motives for starting the group had been clear to himself long before its formation ("I want to teach adolescents transactional analysis") he avoided commitments like "helping" or "curing" in relations to the group members and their parents. Everyone involved was clearly aware that K's goal was to teach transactional analysis.

As time progressed transactional terms became part of the group language. The Parent had been discussed as guiding, protecting or punitive. Actually, perhaps because of their age they found it difficult to see the Parent other than as restrictive or punitive. The Child was seen as the one "who gets you in trouble" or "who has fun", desirably at the appropriate time and place. The Adult was viewed as a scientist with huge filing cabinets filled with data and as a computer who processes the data in order to make realistic predictions, leading to appropriate action.

In the first 30 meetings the group was loud and rambunctious. TV programs mostly of the "blood and guts" variety and maiming and violence were discussed; group members joked about each other; yet at the same time complained that they were not accomplishing enough. Since clinical material for interpretations was sparse and confrontations were invariably perceived as accusations by a Parent, K decided to use a more didactic approach than customarily employed in older groups. Whereas 80% of the group time during the early weeks was spent on "horsing around", joking and pastimes, and 20% on more serious pursuits, at the present this percentage is considered reversed. In addition to K's didactic presentations, transactions between group members with interpretations are frequent and some of these interpretations often show astonishing intuition. For example, when one member presented a stark sexual dream several of the group members analyzed it in terms of the Child's and Parent's function in the dream and very clearly and in K's opinion quite accurately.

K's function in the group had to be modified several times. Initially, no matter how Adult he was, the members still viewed him as a Parent. He decided to accept this role but avoided sentimentality, "guidance" or punitive behavior. When he felt that the timing was appropriate, i.e. when the Child of each group member knew where he stood with K, he confronted the group with "now let's cut out the goofing around and get down to business." This was accepted and led to an experiment where for 30 minutes "fooling around" and pastimes were prohibited which still left 20 minutes of the meeting "for our Child to have a little fun". Comments after the experiment were: "it worked well because you let us make the decision . . . we need your help to keep the Child in line because our Parent and Adult are not strong enough yet . . . now we are learning more by holding the Child under control . . . we can do our playing some other time and place." This experiment was repeated three times and then discontinued when the group agreed "we can do this all the time now and on't need an experiment for it."

Another important aspect of timing emerged. Once K knew how each Child saw him he could afford to laugh with them, as at a clever joke, without being "weak" or involved in a game. Futhermore, in contrast to the earlier stages in the group when practically everything K said was seen as coming from a Parent, now he can say things like "cut it out and get down to business!", and this is accepted by the group as Adult. It is as if K had finally passed the "Parent test."

Resistances by the adolescents' parents to their offspring's improvement are practically nonexistent as reflected in the relatively low absence rate. This undoubtedly is due mostly to the fact that most parents are in therapy and are committed to transactional analysis.

The purpose of teaching transactional analysis to this group is projected at long range goals, i.e. how will it affect their lives in the next 10 or 20 years. "Getting better" or "getting better grades in school" are considered side effect bonuses rather than specifically desired improvements.

D

Introducing Patients to Transactional Analysis

The proceedings of this section will be summarized in the next Bulletin.

B

TRANSACTIONAL ANALYSIS WITH ALCOHOLICS

Robert Goulding, M.D., Chairman

G presented a new research program which he has undertaken with a group of twenty patients, alcoholics and spouses, drawn from his therapy groups. This program functions separately from therapy, and is adapted from concepts suggested in Arthur Cain's book, **The Cured Alcoholic.** Members are engaged in an activity program aimed at developing new time-structuring patterns. AA restructures time for many alcoholics who are trying to pass time without getting involved in the kinds of games, rituals and withdrawals that involved them in drinking. This T.C.A. program (The Cured Alcoholic) represents another approach for those who do not make it in AA or who still feel the need for something more. Basic to the program is the concept that if alcoholics solve their real problems, they may be able to drink normally.

The nine-point program includes:

1. Group therapy - all members, both alcoholics and spouses, are in therapy.
2. Physical conditioning - an initial physical examination followed by a regime of daily exercise, programmed by each member.
3. A reading program planned with some emphasis on education.
4. Recreation - planned both individually and on the group level. The entire group meets every Sunday night.
5. Notes were requested on major thoughts and ideas. These have served to point up problem areas not elicited in therapy.
6. Religious investigation - which has involved reading in the field, visits to various churches and lectures by clergymen.
7. Esthetics - members have joined art classes, visited galleries and invited to their meetings speakers in art, philosophy, etc.
8. Evaluation of occupations - since everyone was reasonably well-satisfied in this area, this project has been deferred, but will be undertaken later.
9. Research - as a pilot program, a careful study is being made including psychological testing and life histories, to determine what alcoholics are like, how they started drinking and how they stopped, plus the essential issue of whether they can make a happy life without drinking. If so, then the question whether they can or cannot drink again is not really important. This is only the hook or inducement which initially involves the Child in the program.

A panel composed of seven T.C.A. members then discussed the program and answered questions from the audience. All seven panelists had participated in last year's conference in the same way. One member commented that he had felt that G was being overly optimistic last year when he promised that the same panelists would return this summer, but they had all made it and all were still sober.

In response to a question regarding any fears felt by T.C.A.'ers about trying social drinking, one panelist stated that he feels that they all have some fear that "If I take a drink, I'll go down the drain again." Another added that the possibility of drinking again has no real appeal to her since she never did drink socially but only for oblivion. G reiterated that the possibility of social drinking serves mainly as a hook or inducement for the Child.

C

Transactional Analysis with Families & Couples

Robert Hodges, M.D., Chairman

H briefly outlined the general principles he followed in transactional analysis with families and couples. (1) The therapist must know his own presenting ego state at any moment and be willing to discuss the matter on demand (public calibration). (2) An atmosphere of permissiveness together with carefully evolved technical maneuvers. (3) Irrational, angry behavior is never challenged directly.

A 19 year old unmarried girl was first seen together with her mother because of a psychotic episode. Inadvertent and premature exposure of their symbiotic relationship revealed a reversible P—C surrender game vital to the homeostasis of the family as a whole, as well as to the patient and her mother. Mother rejected further treatment but the patient improved immediately. Eight months later her symptoms returned: catatonia, mutism (whispering), exaggerated tremor of the hands, and foetaloid waxy posturing. These constituted a non-verbal plea of Ain't It Awful, called "Hangdog" for short.

The moves in the game of Hangdog as played by the mother and patient, were illustrated with examples. (1) Pt: Provocation (Hangdog array); (2) M: Resistance (Why Don't You . . .); (3) Pt: Increased provocation (. . . Yes But); (4) M: Indignation and denial of rage. This leads up to patient's surrender and confession of failure, thus strengthening her depressive position ("I'm no good"). The mother pays off with forgiveness.

The patient was Cornered by the mother's avowed wish for her to be "independent" from the family while at the same time requiring that she remain at home in order to fill the mother's emotional needs. In family group therapy the mother, father and three siblings accused the patient of malingering and being a burden. Her Child's antithesis to this game of Corner was to become psychotic. Following two months of State hospitalization, the patient was discharged bearing a certificate stating that she had "no mental illness." This fact has forced a shift in the family focus to the younger son, who immediately commenced Cops and Robbers by stealing a car following an angry exchange with his father. This lawless behavior has re-established a better family unity for the time being so that the patient can remain in remission under treatment even though living at home.

A second case was that of a young couple who were first seen in 1959. The wife had become psychotic. After a partial remission the couple stopped therapy. A group treatment for both was resumed early in 1964 when the patient again became paranoid. After seven months of TA conditions worsened. The patient pled for physical intimacy with the doctor and this was sanctioned by the husband. Carefully planned social contact short of sexual contact brought a dramatic personality change for the better. The doctor's Adult-programmed Parent replaced the patient's Parent-programmed Parent who hates little girls. Both husband and patient have enjoyed two months of happiness hitherto unknown in 15 years of marriage.

PAC terminology and concepts greatly facilitate the therapist's ability to predict and influence behavioral changes. It is not always necessary to teach TA to patients, but it is imperative for the therapist to be aware of the **programming** of his own ego states.

Much of the subsequent discussion centered around the unusual procedure of having social contact with a patient under the conditions described, although there are reputable precedents in Federn and Sechehaye.

PATHOLOGICAL SIGNIFICANCE OF GAMES

Eric Berne

If transactional analysts are to undertake the stern task of relinquishing "progress" in favor of "cure," then we must learn more about the meaning of "cure" and how the "cured" state is to be attained. How, for example, can we avoid merely pushing schizophrenics into becoming "brave schizophrenics," and help to transform them into non-schizophrenics?

As a beginning, let us consider the game of "I'm Only Trying To Help You" (ITHY). In its simplest form, the "help" does not work because of some "fault" in the respondent, thus confirming the player's position that the world, because of its own obstinacy and ingratitude, is deliberately defaulting in order to withhold recognition of the player's omniscience. "I Can Get It For You Wholesale" (GIFY) is a more complex variation, in which the agent is not only omniscient, but also in a sense omnipotent through knowing the "inside" people. On the other side, ITHY is related to "Schlemiel": in the simplest way, because the situation ends badly in both cases; but also in a more direct and complex sense. It will be noted that the classical ITHY player only offers help which is not asked for; either no one is asking for help at all, or else the respondent is asking for one kind of help and the player offers some other kind. If the ITHY player is directly requested to perform or assist with a specific task, he will then play the schlemiel and in some way mess it up; he will arrive too late, or bring everything but the most important item, etc. At this point he will say "I'm sorry," and plead for forgiveness just as the schlemiel does. Or he may go farther and throw the situation into "Late Paper," with the implication that despite his own default, it is somehow the respondent who should apologize because of the foul-up. If, for example, he is asked on the 1st of the month to bring the accounts in before the 31st, and is repeatedly reminded to do so, he can either as a schlemiel forget them until it is too late and then apologize, or else bring them at 11.50 p.m. of the 30th and say "Don't blame me if you can't get your tax forms in by nine o'clock to-morrow morning, I did my part."

Because of the morbid nature of the payoff for the player (confirming his own unhappiness) it is evident that these games, like others, are pathological. Wherein lies this pathology? The ITHY player is trying to be a parent, and is tenuously maintaining a Parental ego state, chiefly (although not solely) to interpose this tenuous Parent between the outside world and the underlying depressed Child. When the Parent is frustrated, it is immediately decathected in favor of the depressed Child, who is exposed in the depressive payoff. Historically, of course, this weakness is derived from a weakness in the actual parents of the player.

The significant point is that for every game (played by Parent or Child) and its pathology, there is a healthy (Adult) equivalent. Thus for the pathological "I'm **Only Trying** To Help You," there is the healthy equivalent: "The job is done" (the bone is set, the engine runs, the case is won). For the pathological Schlemiel there is the healthy equivalent: "I am really distressed to discommode you, and as a result of this experience I have learned how to avoid having this happen again." Thus cure in one sense means that the same task which was undertaken by the Parent or Child as a matrix for a game in order to collect the payoff, is now undertaken by the Adult and brought to a successful conclusion.

What remains to be demonstrated is whether the transactional approach can effect a cure in this sense which will be stable; or whether the psychoanalytic claim is valid that stability can only be ensured by psychoanalysis. This can only be decided clinically, and not on polemic or **a priori** grounds.

PUBLICATIONS

Transactional Pubs (Box 5747, Carmel, California 93921) can now supply by mail three texts: **Transactional Analysis in Psychotherapy, The Structure & Dynamics of Organizations & Groups,** and **Games People Play.** An order envelope is included with this issue of the Bulletin. The Limited Edition of **Games People Play,** put out by Transactional Pubs, is the same as the trade edition, except that it has a special title page, and is published as Transactional Analysis Bulletin Supplement No. 2. It is particularly attractive to those who like limited editions.

GAMES

Games People Play is receiving rather favorable reviews in the lay press, and has been on one or two best seller lists. One result of this has been its treatment by an Eastern bookseller in advertisements as a "Do-it-yourself" manual in popular psychiatry, something which was not intended, but which the author has no control over. This was partly due to the jacket on the first printing, which stated that the book was "addressed to the intelligent layman" who could "achieve new self-awareness," etc. The publisher very kindly changed the jacket for the second printing to indicate that the book was primarily written for professionals. It is hoped that the conscientious professional reviewers will read the other two books before reviewing it, so that they can understand it in its context of ongoing insight. There has already been one offer to use the material in a movie.

PROJECTS

Several people are working on specialized books about transactional analysis. Robert Goulding has started on a popular book on the subject, Ray Poindexter is interested in its application to industry, and Hedges Capers in the relationship between theology and personality structure.

The second edition of **Outline for an Introductory Course in Transactional Analysis and Social Dynamics, TAB Supplement No. 1,** is now ready for those teaching this subject clinically or academically. It is essentially the same as the first edition, with some minor improvements based on further teaching experience. It consists of 13 pages in mimeograph, interleaved with blank foolscap pages for instructor's notes, giving topical headings for a course of eight lectures. Subscription $2.08 per copy.

CONDENSED INTRODUCTORY Course in Transactional Analysis, TAB Tape Supplement #1. Four lectures given at the First Summer Conference, 1963. An on-the-spot recording, acoustics non-professional. One tape, 2400 feet, 2 sides, 4 hours, 3¾ ips. Subscription $26.

These items are also available from Transactional Pubs. Prices include postage and taxes where applicable.

A THOUGHT FOR AUTUMN

The wolf changes his coat, but not his disposition.

Latin Proverb

ORGANIZATIONAL NEWS

ANNUAL MEETING

The Annual Meeting of the San Francisco Social Psychiatry Seminars, Inc., will be held following the regular scientific session on Tuesday, October 20, 1964, at 165 Collins Street; San Francisco. The main item on the agenda will be the question of changing the name of the organization, which will require an amendment to our charter. Some of our affiliates propose a more general title, such as "The Association for Transactional Analysis." Local societies would then be components of this Association, rather than affiliates of the SFSPS. Individuals who are not members of local societies could then obtain the privileges of "membership" by joining the central association. The Association would take over the Bulletin, Transactional Pubs, and part of the training program, while the SFSPS would continue to exist as a local branch. The election of officers and directors will be contingent upon the outcome of this proposal. If there is to be a central Association, this will have its own officers and directors, and the SFSPS will have a separate Board. Once this is settled, the routine items of the agenda, such as finances, will then proceed.

NEW QUARTERS

The meeting place of the Seminars has now moved from Washington Street to the host's new quarters at 165 Collins Street in San Francisco. The new quarters are more commodious, there are no hills and fewer stairs to walk up, and the discouraging parking problem on Nob Hill has been eliminated. It will no longer be necessary to circle for ten or twenty minutes to find a parking place, or bribe the attendant at the corner saloon to do the parking. Collins Street is off Geary, and lies between Laurel Hill and Sears Roebuck.

PERSONALS

Hedges Capers came home on leave from his aircraft carrier, where he is teaching and using TA and testing its value in command and other functions. He says that it is of value both administratively and therapeutically on ships at sea.

Claude Steiner is in the final stages of his Ph. D. at Ann Arbor. He is planning to return to San Francisco to resume his work as Research Director of the Seminars.

Barbara Rosenfeld, who went from social work into medical school, expects to get her M.D. this summer and is planning to go into psychiatry.

REGRETS

This issue of the Bulletin is late because the Editor was laid up for six weeks following a rather disagreeable appendectomy.

George

(Our sponsored orphan in Crete)

One of our members finally became personally acquainted with George, whom the Seminars have sponsored through the Foster Parents Plan since he was four years old. Myra Schapps found her way to George's village, Paleohora, in the mountains of Crete, and treated him and his mother to their first trip to the city. She says that the mother looks careworn beyond her years, while George is a charming 11 year old boy of superior intelligence. It will be recalled that George's father was killed when he tried to recover some explosives from a mine which was floating near the shore. George's complaint was that his foster parents do not visit him often enough.

EDUCATIONAL ACTIVITIES

Seminar 202, Transactional Analysis in Clinical Practice, will resume meetings on October 6, and will continue meeting every Tuesday evening at 8:30 p.m. until mid-December at the office of Eric Berne, M.D., 165 Collins Street in San Francisco. (Note new address. Go out Geary and turn right three blocks past Masonic). Professional visitors are welcome. It is suggested that they check in advance by telephone, WA 2--3893, and they are requested not to arrive before 8:20 p.m. There is no fee for this Seminar, but regular visitors are invited to become Active Members.

After the Christmas vacation, meetings will resume in Mid-January.

FALL INTRODUCTORY COURSE

The next Introductory Course in Transactional Analysis will be offered starting October 28, 1964. It is open to those with a degree in the medical or social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university or college. A Certificate of Completion will be issued on request.

101N. **Introductory Social Dynamics.** A theoretical introduction to transactional analysis and group dynamics. Wednesday evenings at 8:30. Seven meetings, October 28 — December 9. Fee $50, payable in advance. (Undergraduates $25). Instructor: Dr. Berne. Texts: Transactional Analysis in Psychotherapy, Grove Press, 1961; The Structure & Dynamics of Organizations & Groups, Lippincott, 1963; Games People Play, Grove Press, 1964. (These texts may be ordered through the Seminars if desired).

The course will meet at the office of Eric Berne, M.D., 165 Collins Street, San Francisco. The office is not available before 8:20 p.m. (Go out Geary and turn right three blocks past Masonic). Due to special circumstances, 101N will run for seven weeks instead of the usual eight.

For further information or enrollment, write the San Francisco Social Psychiatry Seminars, P.O. Box 5747, Carmel, California 93921, or call the Secretary, Anne Garrett, 782-4972 after 6 p.m.

AGPA

The Annual Teaching Institute and Conference of the American Group Psychotherapy Asociation will be held at the Jack Tar Hotel in San Francisco January 27-30, 1965 (Wednesday, Thursday, Friday & Saturday). Many of our members will participate in the teaching and scientific programs, and we will again have our own business and social headquarters as we did at the Annual Meeting of the American Psychiatric Association in Los Angeles.

TRAINING INSTITUTE

Dr. Zelig Selinger, of Edmonton, Alberta, is coming to San Francisco for an eight week training program in transactional analysis. We are planning to offer him a full-time program demonstrating the use of transactional analysis in a variety of settings, including general hospitals, out-patient clinics, and veterans, naval, and correctional institutions, in addition to the didactic and clinical seminars.

The Seminars

The San Francisco Social Psychiatry Seminars and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and educators. The teaching is primarily oriented toward group therapy and group work based on transactional analysis, and research in social dynamics is encouraged. The Seminars, now in their seventh year, have been almost entirely supported from tuition and membership fees. Contributions are welcome.

The Seminars and Affiliate Seminars are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. In certain cases, well-recommended undergraduates are eligible to attend. Professional workers are always welcome to visit the seminars in San Francisco or the Affiliate Seminars in other cities, and can become Active or Affiliate Members, if otherwise eligible, on completion of an Introductory Course or its equivalent. Active members who leave the San Francisco area or cannot continue regular attendance are invited to become Members At Large. Professional workers in other cities may join an Affiliate Seminar, if one exists locally; if not, they are invited to become Associate Members.

All classes of membership include the following privileges: (1) Subscription to the Bulletin (2) Entrée to the San Francisco Seminars when visiting that city (3) Hospitality of the temporary Seminar headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences.

Subscriptions to the Bulletin are available to institutions and libraries at $4.00 per year.

The San Francisco Seminars meet in mid-week at 165 Collins Street, San Francisco. Correspondence regarding attendance should be addressed to the Secretary, San Francisco Social Psychiatry Seminars, Box 5747, Carmel, California. Those desiring mail membership (At Large or Associate) may fill in coupon below.

Please advise us of change of address. Use the coupon below to renew your membership when it falls due.

Send to: T. A. Bulletin, P. O. Box 5747, Carmel, California, 93921

Please enroll me in the San Francisco Social Psychiatry Seminars as a

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International Transactional Analysis Association

A Non-Profit Educational Corporation

TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 4 JANUARY, 1965 NUMBER 13

FUNCTIONS OF THE ITAA - - - - - - - - 3

SCIENTIFIC PROCEEDINGS, SFTAS

FALL QUARTER, 1964 - - - - - - - - 4

LIST OF MEMBERS - - - - - - - - 9

INDEX TO VOLUME 3 - - - - - - - - - 16

NOTICES - - - - - - - - - 18

A LIVING PROBLEM - - - - - - - - 18

C. St. Cyr

CONFERENCE PROCEEDINGS

INTRODUCING PATIENTS TO TRANSACTIONAL ANALYSIS 19

S. Samuels & T. Harris

PUBLICATIONS AVAILABLE - - - - - - - 21

ORGANIZATIONAL NEWS - - - - - - 22

EDUCATIONAL ACTIVITIES - - - - - - - 23

TRANSACTIONAL ANALYSIS BULLETIN

published quarterly by the

International Transactional Analysis Association

and its affiliates

A Non-profit Educational Corporation

VOLUME 4 JANUARY 1965 NUMBER 13

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. A membership registration blank will be found on the back cover of each issue. For institutions, libraries, and individuals not desiring membership, subscription is $5.00 per year. Subscriptions and enquiries should be addressed to Transactional Analysis Bulletin, Box 156, Mount Eden, California.

Contributors

Articles, clinical notes, news items, and other pertinent material should be addressed to the Editor at the above address. They should not exceed two double-spaced typewritten pages in length, except by special arrangement.

Advertising

Rates for classified and display advertising will be submitted on request. The Bulletin reaches a select audience of professional people.

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Editorial and Circulation Assistant, Anne Garrett

The International Transactional Analysis Association

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The International Transactional Analysis Association

The ITAA was formed, after considerable debate, at the Annual Business Meeting of the San Francisco Social Psychiatry Seminars on October 20, 1964. The initiative came from Affiliate Members of the SFSPS who hold seminars outside the San Francisco Bay Area. The word "International" was included with some hesitation because of the relatively small number of members who reside outside of the United States. There were some opinions available, however, from such members, and they felt that transactional analysis was now well-known enough in other countries to warrant the use of the term "International," and that that aspect would become more significant in the future.

The ITAA will undertake the publication of the Bulletin, the organization of the Summer Conference, the management of Transactional Pubs, and the provision of temporary headquarters for the membership at certain national conventions. It will help with the organization of authorized transactional analysis seminars and societies wherever there is sufficient interest to warrant their formation, and will pass on the qualifications of those who wish to practice transactional analysis as Clinical Members. It will also sponsor panels and other presentations at national meetings, such as that of the American Psychiatric Association. The organization of Introductory (101) and Clinical (202) Seminars will be left to component Societies and Seminars. Professional workers and students who are not affiliated with a local branch may become members at large of the ITAA. (For details, see back cover of this issue),

Concurrently, the name of the San Francisco Social Psychiatry Seminars was changed to San Francisco Transactional Analysis Seminars, which now becomes a component society of the ITAA. Both the ITAA and the SFTAS retain the address at Box 5747, Carmel, California 93921. Correspondence relating to the Bulletin, or to Transactional Pubs, however, should now be addressed to P.O. Box 156, Mount Eden, California, 94557.

The New Bulletin

With the formation of the ITAA, the Bulletin also undergoes some reorganization and some redesigning. The cover and masthead are adapted to the new situation. The large size format followed on a trial basis during 1964 has been abandoned. The object of the large format was to supply wider margins for making notes, but this resulted in a Bulletin too large to fit in a man's coat pocket. With the smaller format followed in 1962-63, the Bulletin was more portable. The concensus of the membership at the Annual Meeting was that the smaller size was more desirable. A larger type-face is being used, which makes for readability.

In principle, the Bulletin is open to contributions from all branches of the ITAA. At present, however, weekly summaries of scientific proceedings and regular news reports are available only from the San Francisco Seminars, so that the contents are similar to what they have been in the past, except that some of the abstracts of presentations will be written by the author or a reporter rather than (as in the past) by the Editor of the Bulletin. Suitable reports from other branches will be included as they come in.

The abstracts below are written for professional readers who are assumed to be familiar with the basic principles and language of transactional analysis.

October 6. Eric Berne: "After An Unforeseen Break."

Berne presented the first meeting of a group after a break of five weeks. The group had been notified that the therapist was taking a three week vacation. The week before his vacation was scheduled he had an emergency appendectomy, and the "last meeting" before his vacation had to be cancelled without previous notice. Some of the members had the expected feeling of desertion, some of them had fantasies that the therapist was dead, and others took it in their stride. Since all these feelings were within normal limits, neither the patients nor the therapist felt a need to pursue them. More interesting to them and to the therapist was whether they felt better or worse during the holiday from therapy, and the feeling of sliding into a rut by coming back to the group. The crucial point was whether they felt better or worse when the games each played in the group were suspended in favor of outside games, and the historical background of these reactions.

October 13 & 20. Thomas Harris: "A Marital Group." (Tape)

Harris presented a marital group consisting of five couples. His therapeutic plan for the meeting was to convey the transactional viewpoint to the newest couple in the group, who had not yet participated actively in proceedings during previous meetings. Each member was allowed to drink one highball during the meeting, and the therapist did likewise. Harris used both direct and indirect transactions in his attempts to involve the new couple, skilfully switching from one to the other. As usual, the games between spouses were so clearly evident that it was possible after listening to only a few transactions to make substantial inferences about the early home life and the conjugal sexual responses of some of the members, with the advantage that the inferences could be immediately verified by the therapist who was presenting and was acquainted with the history of each patient. Thus it was clear, from the way one woman spoke to the men, that she did not lubricate properly; and that one of the men had been forbidden by his parents to be a "superintendent," but had been encouraged to be an "assistant superintendent." Hence his script called for him to be either a happy assistant, or a failure as a superintendent, depending upon external circumstances which would influence his promotions on his job.

The Seminar was interested in the effects of the highballs, which did not show until the latter part of the tape. Before the patients absorbed the alcohol, their voices were more revealing than the content of what they said: they came on Adult, and the underlying Child programming had to be detected from intonations. After the alcohol took effect, they began to come on Child, and the content became more revealing, since their voices were now "straight." The em-

phasis shifted from listening to their voices, to listening to their metaphors. One man said: "It's tucked so far back you can't put your finger on it," and one woman said: "You don't want to know too much about your relatives." These were both statements of position, which were restated again and again in more or less subtle forms: e.g., in the first case: "That's too deep for me," and "I can't reach it."

October 27. John Dusay: "How Much Better Are Your Patients?"

Dusay reported a quantitative method of determining when a patient is getting better and how much cure has been achieved. This objective approach may provide answers for the group therapist who is asked: "How many patients have you cured?" or "How do you know when the patient is improved?" or "Let me see your statistics!" Six successive weekly sessions of a therapy group were taped and the vocabulary of one patient, Pat, was studied because of his habitual use of the words "should" and "supposed to." These words or their variants were taken to be pathognomonic of the patient's Child ego state. Since Pat in his 34 years had seldom made over $15.00 a week take-home-pay, his expressed desire to take home a pay-check of $60.00 a week was agreed upon as the criterion for "cure," and an increase in his earnings could be considered quantitatively as indicating improvement. His earnings were directly proportional to his working effectiveness, and increased earnings meant increased independence from his parents, the complete cut-off point being $60.00 per week. It was assumed that the key words would diminish in frequency as his Adult took over the executive from his Child. Dusay counted the number of times the two key words appeared in each 75 minutes therapy session. Pat was responsible for 60 per cent of all the "shoulds" or "supposed to's" of all patients.

During the 3rd and 4th sessions Pat's use of the key words decreased 50 per cent and his concurrent pay checks increased proportionately. Another patient's sudden Uproar with the therapist in one session evoked 12 "shoulds" from Pat in the remaining 35 minutes. He had used "should" only once in the preceeding 40 minutes. The Seminar was impressed by Dusay's approach to quantifying one variable that is related to an equally quantifiable index of improvement. The proposition that the degree of improvement (weekly wage) is inversely proportional to the degree of activation of an identifiable ego state (number of key words) could thus be tested. The Uproar in one session suggests another hypothesis that the frequency of Child responses varies directly with the provoking stimulus of another patient. One seminar member expressed the opinion that therapists may now become as venturesome as the child who is always ready to show his quantifiable variables in return to others who show theirs.

(Abstr. by R. Poindexter)

November 3. James Horewitz: "A Lecture on T. A." (Tape)

Horewitz, a psychiatric resident, lectured to a group of residents, senior psychiatrists, and psychoanalysts on TA. He gave each of them a copy of a published paper on the subject, then read the paper aloud, and afterward asked for their comments, which were taped. The residents were favorably inclined to TA, while the senior staff was dubious to the point of forbidding its use. One

senior tried to demonstrate a methodological error in the paper; another said TA taught the patients repression and isolation, both of which were "bad." It did not resolve conflicts. They declined to define what they meant by "resolve." Horewitz then asked the staff whether they would like to have the writer of the paper come to give a talk. This suggestion was followed by a long silence, and was never answered. Instead, several people now began to find "good" points in the paper, and to ask pertinent questions about the material presented.

(Author's Abstract).

November 10. John Miller: "Teaching Pastoral Counselling."

Miller stressed the need for systematic instruction in pastoral counselling. He presented a plan to approach a local theological seminary to reorganize their curriculum accordingly. The authority diagram showed the Dean, the Bishop, and 8 theological professors in the seminary while Miller was a visiting chaplain from another state. His Parent, Adult, and Child motivations were explored briefly, and with this information a method of approach and his chances of success were carefully weighed.

November 17. Muriel James: "Using Literary Material to Introduce Transactional Analysis." (Tape)

James used readings from Ibsen's "A Doll's House" to introduce TA to a class of laymen in an extension course at a School of Religion. Her readings brought out the ego states of the various characters in an impressive way and the audience was readily able to grasp the structural concepts from this materal and transfer them to their own transactions in the class-room. This is the first experience of the Seminars with the application of TA to a literary work.

November 24. (1) Cecille Hochman: "The Student Assistant in a State Hospital."

Hochman described her experiences as a social work trainee in a state hospital with the question "Why does she feel tired at the end of the day?" A background in TA enables her to see the problems of herself, the patients, and the staff, clearly and quickly, although as a beginner in therapy it does not enable her to come up with immediate solutions. The temptation is to try to do too much, to see the vast number of patients who are not receiving adequate help because of staff shortages, and to want to do something about them. Even in one's own group, there is a feeling of frustration at not being able to help all the patients quickly enough, for their benefit, and in order to plunge into the mass of waiting patients outside on the wards. The Seminars felt that the beginner in therapy needed "permission" to go slowly and not to feel responsible for everyone, otherwise she will suffer from "the tired social worker syndrome." At the other extreme is "too much permission," which leads to time-serving, since "no one expects to cure these people anyway." That is equally tiring because of the lack of fulfillment. By approaching therapy in a rational Adult state, it become stimulating instead of tiring.

(2) Eric Berne: "A Therapy Group Session."

Berne presented orally a follow-up session on a group previously presented.

December 1. John Dusay: "An 'Aging' Therapy Group." (Tape)

This was a group "in a rut" at the same institution and similar to that described by Horowitz (TAB 1: 8, April 1962). The specific question was how to cure Pat of telling lies—in order to be caught lying. It was apparent that Pat had a "double Parent" and could not proceed with his sentences until he had satisfied both of them: e.g., "That's ridiculous--I'm stupid;" "I told him, I said . . . . ;" "For instance, now . . ." This offered an initial wedge into the problem. This was a variant of the situation where the bright young therapist diagnoses the patient as "a manipulator" because the patient lets himself be caught manipulating so he can say to the therapist "Gee You're Wonderful Professor, you caught me manipulating." Dusay's diagnosis was not "a liar," but "one who lets himself be caught lying." More generally, these appear to be variants of Cops and Robbers, where the player becomes more and more obvious until he is "caught." Thus when a therapist diagnoses a patient as "a manipulator," it is not the therapist, but the patient, who is to be congratulated.

December 8. W. Ray Poindexter: 'Transactional Analysis in Industry."

Poindexter discussed the use of transactional group dynamics in industrial psychiatry. As the long-term consultant to a military depot employing about 6-000 people and handling several hundred thousand different items, he gave series of lectures on transactional analysis to the military and civilian executives, and then showed its application to the problems of the installation. This increased the effectiveness of the personnel as quantitatively measured by their output, "number of boxes shipped per day," calculated by them in dollars and cents saved. His audiences, with no such intention on his part, tended to apply what they learned to their personal lives as well as to their working relationships. Two interesting problems were: (1) The relationship between the long-term civil service executives and the military personnel who were assigned for relatively short tours and had a large turnover, but who had administrative authority over the civilians; and (2) The relationship between group process and group activity, as when an executive put more emphasis on punctuality than on work output, thus setting up games. One executive instructed his workers: "Don't get to work late," whereupon the absentee rate rose, since his workers took him literally and stayed home all day rather then arriving late. Poindexter's question was: "Given the quantitative measure of effectiveness, how could a research project be set up and financed to demonstrate the value of TA in increasing work output as an end result?" From clinical empirical observation, there was every indication that TA does have this effect.

December 15. Eric Berne: "A Therapy Group."

Berne presented a "randomly selected" group meeting in which it happened that, at his insistence, the members discussed the significance of dress. One member was "a well-dressed waif." She still thought of herself as and acted like a waif, but wore relatively unwaif clothing, which the group characterized as "a good quality jumping-out-of-the-window uniform," on the principle that "ladies

take off their mink coats before jumping out of the window." This patient was waiting for her boy friend to reject her again, and was dressed in a kind of pretty "gym uniform." Later, Berne suggested to the members that those who had not had an adolescence could have one now; most of them felt that this suggestion was imprudent or even wicked.

December 19. Joint Meeting of San Francisco & Monterey Peninsula Transactional Analysis Seminars. David Kupfer: "Family Therapy." (Tape)

Kupfer presented a tape of a family therapy session with a mother, father, and teen-age son and daughter. Two questions were discussed. (1) How can one treat "the family" when even in such a small family as this, 11 different "alliances" were possible? One member cited a family with eleven children, where thousands of "alliances" were possible. (2) Was it "bad" if families habitually used TA in their transactions with each other? Here the daughter said to the father: "Daddy, your Parent is too strong for me to deal with right now," where formerly they both became confused and angry. The mother used to seek continual medical attention for pains. Even if she was now "intellectualizing" with TA, she was also heading off a hysterectomy. Such "intellectualizing" was only a stage in the learning process, something all beginners do with any new body of meaningful knowledge; later on they can benefit from the knowledge without having to use its special vocabulary except on special occasions. Such phrases can be observed in medical, psychology, and other professional students. It is no more reprehensible for beginning patients to talk about their ego states than it is for psychology sophomores to use Freudian terms at social gatherings.

December 22. Eric Berne: "A Patient Who Got Well."

Pat complained of depression, indecision, work dissatisfaction, and marital friction. In combined individual and group treatment, he was argumentative and demanded "answers," and if refused, he became sulky and recriminating, He was unable to leave a session without an after-question, button-holed the therapist, and if rebuffed stalked out. The therapist at first played "I'm Only Trying to Help You," and after structural preparation, suddenly refused to play, leaving Pat's Adult to deal with the enraged and frustrated Child. Outside, Pat played "I Can Get It For You Wholesale," first observed in business, and then unmasked in marital sex and other activities. In business, this game enabled him to buy low, but made him ineffectual in selling high, thus cutting his income. The psychological transactions involved were even more important than the financial ones, as with the Addict's and Alcoholic's Connection.

The therapist showed little interest in Pat's "making progress," and stood for "getting well," which after 14 months the patient did. Four months more were spent in stabilising this condition, after which he was no longer "a neurotic making progress," but "a well person with some residual conflicts," and was able to go into business for himself and make his own decisions, terminate interviews, and take over at home. His "demanding" facies softened into a thoughtful one. The most impressive sign was that the group members did not get angry or critical when he announced his withdrawal, and parted with him amicably.

INTERNATIONAL TRANSACTIONAL ANALYSIS ASSOCIATION

GEOGRAPHICAL LIST OF MEMBERS

All memberships in the now retired San Francisco Social Psychiatry Seminars have been transferered to the ITAA. Because of the pressures of reorganization, this list may not be complete. A supplementary list will be published in the April issue. There are three classes of members. Clinical Members (CM) are those whose training, supervision, and experience qualifies them to practice transactional analysis. Regular Members (RM) are those who have taken a full Introductory Course or its equivalent. Associate Membership (AM) is open to all professional persons who apply.

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TRANSACTIONAL ANALYSIS BULLETIN

Volume 3, Nos. 9 - 12, 1964

NAME INDEX

Ackerknecht, L. 121
Berkun, M. 130
Berne, E. 103, 104, 113, 119, 120, 125, 127, 136, 139, 151, 152, 160
Bickel, E. 104
Burton, A. 106
Capers, H. 103, 105
Cavanagh, M. 123
Concannon, J. 103, 152
Cooper, J. 154
Courland, H. 106, 135
Dusay, J. 135, 138
Ernst, F. 140
Everts, K. 104, 120, 139
George (Orphan) 114, 130, 162
Ghan, L. 124
Goulding, R. 103, 120, 158
Haiberg, G. 119, 122
Haile, V. 104
Hodges, R. 159
Keating, W. 140
Kleffel, D. 121
Kupfer, D. 126, 156
Lester, O. 151
Lewis, B. 104, 120, 122
McCormick, P. 153
Means, L. 105
Pinckney, P. 151
Poindexter, W. R. 140
Pritchard, T. 138
Sagan, G. 136
St. Cyr, C. (Pseudonym) 112, 124, 129, 139, 142, 155
Selinger, Z. 163
Sloan, T. 154
Soles, S. 121
Stubblefield, H. 153
Thibeaux, A. 151
Wallace, M. 136, 137
Schwartzman, W. 106
Wood, A. 142

TRANSACTIONAL ANALYSIS BULLETIN

Volume 3, Nos. 9 - 12, 1964

SUBJECT INDEX

Adolescents 119, 126, 136, 156
Affiliates 115, 129, 145
Alchoholics 158
American Psychiatric Meeting 115
131, 136, 142, 143
Annual Meeting 114, 162
Book Reviews 128, 140, 141
Chaplains 105, 129, 162
Communication 121
Dreams 136
Educational Activities 115, 131,
147, 163
Games, classification of 104
pathological significance 160
Golden Gate Society 103, 131,
135, 138, 145
Group therapy, adolescents 119, 126
136
after vacation 119
fluid membership 154
Navy hospital 103
new therapist 153
obese girls 121
outpatients 138
parents 121
retreat 126
State hospital 119, 122
therapist's job 151
unwed mothers 136, 137
weekend 104, 120
without leader 120
Hypnosis 106
Index, Volume 2 111
Juvenile deliquents 104, 153
List of members 107
Living Problem 112, 124, 139, 155
Narcotics addicts 104
Mental Hospitals, foreign 103, 104
New quarters 162
Organizational news 114, 130,
145, 162
Personals 114, 130, 162
Publications 112, 128, 144, 161
Script 126
Social Dynamics 113, 123, 125
Streetworkers 151
Summer conference 131, 146,
154, 155
Tape interpretation 139
Therapeutic community 152
Therapy termination 103, 123, 135
Trading stamps 127
Training institute 129, 163
Transactional analysis
adolescents 156
alchoholics 158
families & couples 159
projects 161
research proposal 138
Rorschach 135
thesis 128

FALL INTRODUCTORY COURSE — 101N

The Fall Introductory Course in San Francisco ran from October 28 to December 9, with more than 40 registrants, the largest in the history of the Seminars. A wide spectrum of professions was represented, among them psychiatrists, psychologists, social workers, psychiatric nurses, correctional officers, school teachers, clergymen, one obstetrician and his wife who teach pre-natal classes, and a contigent from DeWitt State Hospital near Sacramento. The graduation party was held on the houseboat of Virginia Barclay in Sausalito, in honor of Dr. Zelig Selinger of Edmonton, Alberta, who completed his Eight Week Training Institute with the Seminars.

NOTICES

Call for Papers

The Third Summer Conference on Transactional Analysis will be held on August 21-22, 1965, in Monterey, California, probably at the Mark Thomas Inn. Dr. Robert Goulding (P.O. Drawer 6116, Carmel, California 93921), Chairman of the Program & Arrangements People, is calling for papers to be read at the Conference. Anyone who has material to present should send two copies of a paper or a summary to him for consideration before May 1.

Another Call

The Bulletin is planning a special "Children & Adolescents" Number for later this year. Anyone have theoretical or clinical TA material relating to the early years of life (the earlier the better) is invited to contribute. Such contributions may be of any length from a few lines up to but not exceeding two double-spaced typewritten pages. Relevant observations written by the children themselves (patients or offspring) will be particularly welcome.

A LIVING SITUATION

"LEAVE YOUR SOUL AT HOME WITH MOTHER"

Cyprian St. Cyr

Every human being, to be worthy of the name, has to come to terms not only with the cruelty in his nature, and the inexorable moment of truth which is the essence of cruelty, but also with the vulgarity of the outside world and the inexorable moment of baseness which is the essence of vulgarity. R. Horseley, the sage of the Ozarks, was once visiting his friend, Sergeant Firstborn Snodgrass, to watch him welcome a batch of new recruits. As soon as the boys were off the bus, Snodgrass lined them up and shouted the age old greeting of sergeants to recruits: "Fellows! You're in the army now! Leave your souls at home with mother, 'cause your a-- belongs to me!" Horseley noticed that among the looks of surprise, anger, and reassurance which greeted this announcement, two of the boys had tears in their eyes, and said to Snodgrass later: "Your vulgarity made them sad."

"Not so," replied Snodgrass. "There are two or three like that in every bunch. They're not crying because of my vulgarity, but because they have nowhere to leave their souls. They are the boys that have no mothers."

"Why do you talk to them like that?" persisted Horseley.

"Because," answered Snodgrass, "a new broom always sweeps clean sometimes. Every man has a soul, a role, and a hole. Their souls are no use here, and their roles they won't learn for six weeks, so we start with fundamentals."

At the next meeting of the Ozark & Cherokee Organon & Chrysippus Club, Horseley proposed the following questions: (1) Where can the boys without mothers leave their souls? (2) Would they be better off without their souls? (3) If they lost their souls and got no roles, what would they have left?

SUMMER CONFERENCE PROCEEDINGS

(Continued from the October issue)

SECTION II — D

INTRODUCING PATIENTS TO TRANSACTIONAL ANALYSIS

Solon Samuels, M.D. and Thomas Harris, M.D., Chairmen

Samuels described how he used TA in different types of situations in short-term treatment planning at a private hospital. Many of the in-patients are adolescents and young adults who are still uncommitted and are groping toward a way of life; some of them are borderline schizophrenics. They come to the hospital for resolution of an acute crisis and leave with a rehabilitation program to fulfill. They have been failing socially, in school, or at work. They range in age from 15 to 30 and attend about 10 sessions in groups of from 8 to 15 members. Because of their short stay, no attempt is made to uncover or strip away games. Instead, every attempt is made to hook the Adult and teach the members to enjoy exercising it.

Harris described his method of introducing TA to out-patient groups of adults and married couples.

Of particular interest to the audience was the talk which Samuels gives whenever more than 5 new members enter a group. He finds that one or two new members will catch on without any formal explanation. The talk is aimed at upgrading the Adult as one way in which the patient can prove to himself and others that he is OK.

"You wonder why you are inconsistent, why you have struggles going on inside of you about what is best to do and what is better not to do; and, because now you try one thing and now another, you wonder why you can't stick to one decision. All this makes you secretly believe you must be crazy — or going crazy. You feel you are not OK — at least your parents, your teachers and even your friends may tell you you're not OK. Well, I have news for you. All of this not being sure what is right is NORMAL and therefore you are OK. Everybody I know — including myself — is basically inconsistent, and it is due to the funny way in which the normal brain works. You see, the brain stores up every experience we live through in the form of memories of ideas and feelings. Some of these memories we repeat over and over, and they become habits of behavior or automatic, taken-for-granted attitudes (which are habits of thinking).

"If all the experiences filed in our brains agreed with each other, we could be consistent; but actually the experiences we have are of three different kinds and they often go against each other and contradict each other so we become confused and lose confidence in our decisions. Here is a picture of three separate circles that are all part of the one brain you have. Here is one marked C. It stands for CHILD. In it are the natural feelings and instincts and reflexes that you are born with. Gradually, as you grow up, there are added the memories of all the good times and bad times that you had as a child. Here are all the pleasures and all the frights you experienced, your loves and your hates, your sex play and your fights, your inventions and fantasies — and the tricks you learn-

ed to use in order to satisfy your secret wishes. All these are collected as memories which are available for use again and again whenever you may want them or need them for the rest of your grownup life. This part of you — the CHILD —is what many of you use even now, when acting grownup seems too difficult.

At the same time your CHILD is developing, you are living with adults who take care of you. You observe what they do and how they act and talk, and you register their mannerisms and attitudes in your mind. Since you are too young to know any better, you believe everything they tell you, and learn to imitate them, and obey them, as if only they know what is right and what is good. Even if you want to go against their attitudes, you feel afraid that they can punish and hurt you and so you get the habit of submitting to their ways. The whole collection of attitudes, ideas, gestures and ways of behaving that you come to imitate and adopt from the grown people who bring you up (like parents, grandparents, relatives, teachers) — all of these memory patterns we call PARENT (the upper circle).

Well, as you can see, the CHILD you are born with — and since you can't choose your parents, the P. is imposed on you. You are stuck with both of them. So where do YOU — as a special person in your own right — come in? Well luckily there is a third part of the brain that is basically free of any outside or inside influence. We call it the ADULT — circle A. This is the smart, sharp and observant part of you that collects it own facts (that really stand up as true) either by your own experiments or by information from scientifically correct sources. These true ideas stand up under any kind of realistic test so that you can trust them as the kind of reasonable information to base reasonable conclusions on. This is the best part of you because it is not mixed up by prejudice or emotional impulses. It is the part that can steer your mind right and let it act in a successful way so you can then feel OK and proud. There is a lot of disturbing and over-exciting emotion stored up in the memories of P. and C. The P. is usually filled with prejudices and dogma and guilty feelings. The C. attitudes are mainly self-centered and impulsive — even though they are fun — and releasing them at an inappropriate time often causes more upset than pleasure. But the A. you can trust not to be emotional. It is educated, wise and impartial and therefore is the best judge of what actions to try out in everyday life situations. This A. is the most effective thinking part of you and is what makes you especially capable in selecting the behavior that will result in your being a winner. If you want to be a winner, you must learn to use your A., which is your special computer that predicts the best odds and the best chances. If you don't check your C. impulses or stop your P. restrictions, by clearing through your A., you are missing out on good living. Let's now talk about recent actions we have been in and see if we can tell which part of us was leading us in our decisions. I hope you will find this to be the easiest way to bring out the best in yourselves and each other."

A THOUGHT FOR WINTER

"Nothing is created by a team or an organization. Every new idea comes out of a single human mind."

Admiral Rickover

TRANSACTIONAL PUBS BOOK LIST

After a trial year, Transactional Pubs has now been put on a more business-like basis with professional book-keeping and shipping, and is planning to expand its activities to include other carefully-chosen books of value to transactional analysts. This month, two titles have been added: Virginia Satir's "Conjoint Family Therapy," and (by request) Eric Berne's "Layman's Guide to Psychiatry and Psychoanalysis." An order envelope is included with this Bulletin.

Available

Transactional Analysis in Psychotherapy. Paperback. The basic text for transactional analysts.

The Structure & Dynamics of Organizations & Groups. Hard cover. The transactional theory of group dynamics, and its application in the therapy of ailing groups.

Games People Play, TAB Supplement No. 2. Hard cover. The theory of transactional games, with a thesaurus of games and pastimes. This is the limited edition put out by Transactional Pubs. It is the same as the trade edition, except that it has a special title page. It is particularly attractive to those who like limited editions.

Outline for an Introductory Course in Transactional Analysis and Social Dynamics, TAB Supplement No. 1, is now available for those teaching this subject clinically or academically. 13 pages in mimeograph, interleaved with blank foolscap pages for instructor's notes, giving topical headings for a course of eight lectures.

Condensed Introductory Course in Transactional Analysis, TAB Tape Supplement No. 1 Four lectures given at the First Summer Conference, 1963. An on-the-spot recording, acoustics non-professional. One tape, 2400 feet, 2 sides, 4 hours, 3 3/4 ips.

Conjoint Family Therapy, by Virginia Satir. Paperback. Contains a concise summary of clinical communication theory as practiced by the Palo Alto group, as well as much information and many acute observations concerning family dynamics. Written clearly, creatively, and informatively, it draws attention to many of the author's new and valuable insights in this field.

Layman's Guide to Psychiatry & Psychoanalysis, by Eric Berne. Paperback. A simple and readable introduction to the principles of psychoanalysis, with a survey of the field of clinical psychiatry. Originally published as **The Mind in Action.** "It presents succinctly the dynamics of the development of personality in health and in illness . . . To our knowledge this book is the best of its kind." (Psychoanalytic Quarterly, 1948).

Transactional Pubs, P.O. Box 156, Mount Eden, California 94557

ORGANIZATIONAL NEWS

The Annual Business Meeting of the San Francisco Social Psychiatry Seminars, Inc., was held on Tuesday, October 20, 1964, at 165 Collins Street in San Francisco. There were 22 members including 10 directors present. At that time appropriate resolutions were considered for the formation of an over-all organization which would function as a national or international headquarters for the branch seminars in various cities. The name *International Transactional Analysis Association* was chosen for this organization (see page 3). This change will be put into effect by amending the Charter of the San Francisco Social Psychiatry Seminars so as to change the name of the organization and authorize the ITAA to form branches in various cities, these amendments to be filed with the Secretary of State of the State of California so as to preserve the Non-Profit Corporation status of the ITAA. A slate of officers and directors was then proposed for the ITAA. The final vote on these matters was taken at a subsequent meeting held at the same place on November 17, 1964. The changes took effect on January 1, 1965. The Board of Directors is listed on the inside front cover of the Bulletin. Chairmen or Presidents of affiliate seminars or societies become Directors ex-officio. The officers elected were as follows:

President: Eric Berne, M.D.
Vice-President: Robert Goulding, M.D.
Secretary-Treasurer: Viola Litt, M.A.
Executive Secretary: Anne Garrett

Concurrently, the name of the San Francisco Social Psychiatry Seminars was changed to the *San Francisco Transactional Analysis Seminars* (*SFTAS*), and Officers and Directors of the SFTAS for 1965 were elected as follows:

President: Eric Berne, M.D.

Vice-Presidents: Joseph Concannon, M.S.W., John Dusay, M.D., Kenneth Everts, M.D., Paul McCormick, A.B., W. R. Poindexter, M.D.

Secretary-Treasurer: Melvin Boyce, B.S.

Directors: Elsa Bickel, M.D., Hedges Capers, B.D., U.S.N., Herbert Courland, B.A., James Horewitz, M.D., Howard Stubblefield, M.D.

Anne Garrett, ex-officio

GEORGE
(*Our sponsored orphan in Crete*)

George is studying English and now writes his own letters.

"I have winter time now here. Now goingk in the English school to learn the langunk to write to you. If you have any old cloths and Engglish books please send to me and the money send to me throu the Post office Paleohora. The summer time if you please come to Paleohora to spend few weeks together. With much respect."

EDUCATIONAL ACTIVITIES

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINARS

Seminar 202, Transactional Analysis in Clinical Practice, will resume meetings on January 5, and will continue meeting every Tuesday evening at 8:30 p.m. at the office of Eric Berne, M.D., 165 Collins Street in San Francisco. (Go out Geary and turn right three blocks past Masonic.) Professional visitors are welcome. It is suggested that they check in advance by telephone, WA 2-3893, and they are requested not to arrive before 8:20 p.m. There is no fee for this Seminar, but regular visitors are invited to become Members of the SFTAS.

Winter Introductory Course

The next Introductory Course in Transactional Analysis will be offered starting February 10, 1965. It is open to those with a degree in the medical or social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university or college. A Certificate of Completion will be issued on request.

101-O **Introductory Social Dynamics.** A theoretical introduction to transactional analysis and group dynamics. Wednesday evenings at 8:30. Seven meetings, February 10—March 24. Fee $50, payable in advance. (Undergraduates $25). Instructor: Dr. Berne. Texts: Transactional Analysis in Psychotherapy, Grove Press, 1961; The Structure & Dynamics of Organizations & Groups, Lippincott, 1963; Games People Play, Grove Press, 1964. (These texts may be ordered through the Seminars if desired).

The course will meet at the office of Eric Berne, M.D., 165 Collins Street, San Franciso. (Go out Geary and turn right three blocks past Masonic). The office is not available before 8:20 p.m. Enrollment will be limited to 35, and is now almost completed. Late pre-paid mail registrations will be put over to the course planned for next fall.

For further information or enrollment, write the San Francisco Transactional Analysis Seminars, P.O. Box 5747, Carmel, California 93921, or call the Secretary, Anne Garrett, 782-4972 after 6 p.m.

GENERAL

APA Panel

The ITAA and its affiliates will sponsor a panel on "Transactional Analysis of Therapeutic Maneuvers: Pitfalls of Psychotherapy," at the Annual Meeting of the American Psychiatric Association in New York in May. This will be a dinner meeting held on Tuesday, May 4. It will be essentially a discussion of games played by therapists. Our members will be invited to avail themselves of the hospitality of the ITAA in our private suite during the meetings.

TA at the AGPA

The Annual Teaching Institute and Conference of the American Group Psychotherapy Association will be held at the Jack Tar Hotel in San Francisco January 27-30, 1965 (Wednesday through Saturday). Many of our members will participate in the teaching and scientific programs. The ITAA business and social headquarters will be open from Thursday afternoon to Saturday morning, and will be located in Suite 450-452 of the Jack Tar Hotel. Members and other interested parties are invited to visit and browse.

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, corectional officers, social scientists, clergymen, and educators. The teaching is primarily oriented toward group therapy and group work based on transactional analysis, and research in social dynamics is encouraged. The Association (formerly the San Francisco Social Psychiatry Seminars) is now in its eighth year, and is entirely self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Societies are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible to attend. Qualified people are always welcome to visit the meetings of the Seminars and Societies. They can become Associate Members of the ITAA by filling out the application blank below, and are cordially invited to do so. They may become Regular Members on completion of an Introductory Course or its equivalent, and may apply for Clinical Membership after attending an advanced clinical seminar and conducting at least two transactional therapy groups for a period of one year or more.

All classes of membership include the following privileges: (1) Subscription to the Bulletin (2) Entree to Seminars and Societies when travelling (3) Hospitality of the temporary ITAA headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences (5) Listing in the Annual Geographical List of Members.

Those desiring Associate Membership and a subscription to the Bulletin (or full Membership if eligible) may fill in the coupon below and enclose the membership fee. Subscriptions to the Bulletin are available to institutions and libraries only at $5.00 per year.

Please advise us of change of address. Use the coupon below to apply for membership or to renew it when it falls due. Please enclose membership fee.

Send to: T. A. Bulletin, P. O. Box 156, Mount Eden, California, 94557

Please enroll me in the International Transactional Analysis Association as a

Regular Member ( ) ($10) Associate Member ( ) ($10)

For those residing outside North America the membership fee is ( ) ($ 5)

Name: _____

Address: _____

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International Transactional Analysis Association

A Non-Profit Educational Corporation

TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 4 APRIL, 1965 NUMBER 14

SCIENTIFIC PROCEEDINGS

SAN FRANCISCO - - - - - - - - - - 27

MONTEREY PENINSULA - - - - - - - - - 31

ORGANIZED GAMES

TRANSACTIONAL ANALYSIS IN THE COURT ROOM - - 32
Anonymous

THE SEMINAR SITUATION - - - - - - - - 33
K. Brown and P. Freeling

INSTITUTIONALIZED OFFENDERS - - - - - - - 34
P. McCormick

THIRD SUMMER CONFERENCE - - - - - - - - 35

TA AND PROCESS THERAPY - - - - - - - - - 36
R. M. Hodges

TA AND THE AGPA - - - - - - - - - - - 37

TA AND PSYCHOANALYSIS - - - - - - - - - 37

BOOK REVIEW - - - - - - - - - - - - 38

LIST OF MEMBERS - Supplement - - - - - - - - 39

A LIVING PROBLEM - - - - - - - - - - 39
C. St. Cyr

NOTICES - - - - - - - - - - - - - 40

PUBLICATIONS AVAILABLE - - - - - - - - 41

ORGANIZATIONAL NEWS - - - - - - - - - 42

EDUCATIONAL ACTIVITIES - - - - - - - - - 43

TRANSACTIONAL ANALYSIS BULLETIN

published quarterly by the

International Transactional Analysis Association

and its affiliates

A Non-profit Educational Corporation

VOLUME 4 APRIL 1965 NUMBER 14

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. A membership registration blank will be found on the back cover of each issue. For institutions, libraries, and individuals not desiring membership, subscription is $5.00 per year. Subscriptions and enquiries should be addressed to Transactional Analysis Bulletin, Box 156, Mount Eden, California.

Contributors

Articles, clinical notes, news items, and other pertinent material should be addressed to the Editor at the above address. They should not exceed two double-spaced typewritten pages in length, except by special arrangement.

Advertising

Rates for classified and display advertising will be submitted on request. The Bulletin reaches a select audience of professional people.

Editorial and Circulation Assistant, Anne Garrett

The International Transactional Analysis Association

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SCIENTIFIC PROCEEDINGS

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINARS

WINTER QUARTER — ADVANCED SEMINAR - 202 - JANUARY - MARCH 1965

The abstracts below are written for professional readers who are assumed to be familiar with the basic principles and language of transactional analysis.

January 5. John Prusmack: "The Autonomic Nervous System."

In structural analysis, it is inferred that the Child may express itself through the autonomic nervous system ("psychosomatic" illnesses). Berne reported the case of a concert singer who was afflicted with an inhibition of the vocal cords with hoarseness before an important engagement. An experienced fatherly laryngologist could detect no signs of "laryngitis" and gently advised the patient "When the time comes, just sing." Pat interpreted this as "When the concert begins, get your Adult in control," which she did successfully, and gave an excellent concert, with the assistance of 800 mgm. meprobamate taken two hours before the concert on prescription of the psychiatrist. Prusmack reviewed the innervation of the larynx. Most striking was the fact that crying and laughing (both Child activities) and verbalization (an Adult activity) are mutually exclusive neurologically. In the spinal cord, there are inhibitory fibres between the central and autonomic nervous systems, implying that the Adult can inhibit overflow of impulses into autonomic (Child) activity.

January 12. Pat Crossman: "A Therapeutic Community in England."

Crossman described in some detail the working of a therapeutic community in a hospital near Oxford. The non-psychiatric sections of the hospital and the psychiatric nursing staff were the least relaxed about this project, in which the patients and the staff functioned as nearly as possible as peers, under the supervision of a pupil of Maxwell Jones. The Seminar was interested in the lack of privacy this imposed on the doctors. The staff suffered so that some went into psychoanalysis ("going crazy"), some resigned ("getting rid of"), and some "got well." The supervising psychiatrist could not use any of these solutions because everybody was depending on him to keep internal order and ward off external pressures. Finally he got pneumonia. Treatment appeared to be non-specific, using all the non-specific advantages of groups: stroking, and engagements in pastimes, games, and activities, as well as "therapeutic experiences." Specific analysis of behavior and reactions was not undertaken.

January 19. John Dusay: "A Patient Who Quit." (Tape)

Dusay presented a recent meeting of a group previously presented (TAB 4: 5, January 1965), with the question "Why did Pat quit?" Pat in this case was a "Bohemian" girl who had done many "shocking" things. The question was

whether she was playing "You'll Have To Take Me As I Am" (which the group wouldn't), or "Tough Guy" (with the therapist telling her she wasn't). Whichever it was, no one in the group offered her anything better, while criticising her as she was, which may be why she withdrew (perhaps only temporarily).

January 26. Eric Berne: "A Group Meeting." (Tape)

Berne offered a tape primarily as a demonstration for out of town visitors who came to the Seminars from the Annual Meeting of the American Group Psychotherapy Association. (See page 40). The patients were all well advanced in transactional analysis, and talked freely about PAC, trading stamps, rackets, and parental permissions. Several games were apparent. The question was how to cure Pat of his depression, Pat in this case playing inverse "Now He Tells Me." He had spent some months at "Ain't It Awful," how he couldn't succeed at anything, and then announced (belatedly): "By the way, I got an A in my major."

February 2. No meeting.

February 9. Jay Nichols: "A Group That Didn't Get Started."

Nichols started to organize a therapy group in a metropolitan out-patient clinic, but something went wrong. He had some patients lined up and the intake social worker said he would find others to make up the complement. Later the ISW suggested that a certain Dr. X act as co-therapist. Nichols met with Dr. X, who had some patients to bring in with him. Nichols then asked at the Seminars what Berne thought of co-therapists. Berne said they made the situation too complicated to understand clearly, but that a silent observer was OK. Nichols then suggested to Dr. X that he act as a silent observer. After that, Dr. X did not appear for further planning discussions, and the ISW now considered himself out of the picture.

The Authority Diagram quickly clarified the difficulty. The Chief of the Clinic was in favor of the group, and also the Clinical Supervisor. These contracts were clear. The contract between Nichols and the ISW was tentative, and the ISW made a decisive unilateral amendment by introducing the idea of a co-therapist. However, he left it to Nichols to deal with Dr. X himself, indicating probable Let's You And Him Fight. Berne contributed an Adult proposal, which caused Dr. X to drop out, leaving Nichols holding the bag. Nichols' presentation was in indirect quotations and passive voice, indicating contractual hesitation. The Seminar recommended that Nichols take up the matter again, and insist on a clear contract with the ISW.

February 16. Robert Kramer: "Psychopharmacology."

February 23. Franklin Ernst and others: "Administrative Experiences at the AGPA." (See also p. 40).

Four members of the ITAA played a major role in arranging and conducting the administrative aspects of the January meeting of the American Group Psychotherapy Association in San Francisco. Essentially they functioned as the apparatus of the meeting. Internally they performed organization, procurement, police and morale functions; and externally, procurement and diplomacy. A major task was to mesh with the more loosely organized and more centralized permanent apparatus of the Association. Ernst, Chairman of the Arrangements Committee, emphasized preliminary preparation and the formation of a reliable provisional group imago; Concannon stressed tact, authority, and decisiveness in dealing with internal "police" and moral problems; Jones discussed the need for proper procurement of physical equipment so that the work of the group could run smoothly.

Berne then discussed the hospitality rooms set up by the ITAA. This was not a group, but a party, and hence required only a "refreshment procurement" and morale apparatus. The task at the AGPA was to minimize games and the group process by placating the Child and Parent so that the Adult scientific work could proceed smoothly. The task in the hospitality rooms was to discourage Parental and Adult activity so that the Child could enjoy socially acceptable pastimes and mild games of the first degree. The transactional sophistication of the Seminar members stood them in good stead in both these aggregations.

March 2. John Prusmack: "Organizational Problems and Therapy Groups."

Prusmack described a project for organizing transactional therapy groups on the ward of a government hospital. The administration was concerned with budgetary problems concerning patient population, admissions, and discharges, and these concerns formed the matrix within which the groups had to be organized. This made a clear-cut organizational contract difficult. On the patients' side, they were remunerated for being sick, and their remuneration was increased if they became sicker or stayed in the hospital for a known minimum period. Thus the therapist had as his goal to make them "non-schizophrenics," while they were interested in becoming "more highly paid schizophrenics." The question was, what could the therapist do for the patients, sandwiched as he was between such contractual inconsistencies? No clear cut answer could be given under the circumstances, but some useful suggestions were made. An offer of "cure" might be attractive to some of the patients and the others might be left to make the best of what he could give them. Or he might confine himself to teaching the patients TA, with no therapeutic pressure, leaving each patient to do what he would with the potentially useful knowledge he thus acquired.

March 9. Virginia Barclay & Eric Berne: "A Community Meeting at a Day Care Centre."

There were about 40 people present at the regular morning meeting of this Centre.

Four staff members acted as the internal apparatus: one as moderator (a tactful brother), one as information officer (a straight Adult), and one as technical advisor (a Parent), while the Chief of the Centre headed off the discussion when it wandered too far afield (a Parent programmed Adult). Afterward, the staff as well as the patients accepted the fiction that "the meeting had ended," whereas many interesting phenomina occurred as everyone "changed gears" at this point for the next item on the program. Some drank coffee quickly, standing up; others drank coffee slowly, sitting down; still others were interested in elimination rather than incorporation.

The most interesting phenomenon was the complex, formal, deep-seated etiquette of the group. As in some Asiatic societies, there was a special dialect which the staff used in addressing the patients, and an equally formal but different dialect which the patients used in responding to or addressing the staff.

March 16. Jay Nichols: "The Fourth Meeting." (Tape)

Having adopted the suggestions offered at the February 9 meeting, Nichols proceeded to form a group on his own. There were five patients ranging in age from 20 to 65, and by the fourth meeting several interesting phenomena had emerged, among them the ignoring of the 20 year old by the other members, who played a soft PTA, "You've Got To Realize."

March 23. Thomas Harris: "A Married Couple." (Tape)

Harris first described some changes in his practice since he started using TA. (1) Telephone calls diminished by a very large factor, since the patients could use their own Adults between meetings instead of calling on the therapist. This was emphasized when Harris on certain week-ends took calls for a non-transactional colleague, at which times he spent a great deal of time on the telephone. (2) Money games were largely eliminated, allowing for a more tranquil and productive relationship between therapist and patients. (3) Since patients learn more quickly, treatment can now be directed in more clearly defined steps to more clearly defined goals. With knowledge of personality structure, there is less resistance to entering the group. (4) Therapy is enjoyable even in depth, and there is less fear of insight. (5) TA is helpful in raising children and the patients appreciate this.

Harris then presented an interview with a married couple who had had four private sessions and four group sessions. Both spouses had considerable understanding of PAC and games. The question was how much they were using this knowledge legitimately and how much it served as additional ammunition. The question of "intellectualization" as such does not come up since "intellectualization" has become more of an epithet than a diagnosis. In most instances it is actually desirable for patients to go through a stage where they use the language in an intelligent, even playful, way, since this is a normal phase of learning. For example, medical students and psychologists go through a phase where they play with the terminology as a step toward understanding it better. The therapist should, therefore, not be alarmed if the patients use transactional language in this way, but after a reasonable time they should acquire a more cogent understanding of what the terms mean and when it is appropriate to think in structural and transactional terms.

January 8. David Kupfer: "A Family Group." (Tape)

The family members dealt with each other freely. At one point the 21 year old daughter left the room in tearful anger. She returned a few minutes later in an Adult ego state and said: "OK, now where do we go from here?"

The Seminar first felt that Kupfer was not active enough in this group but later agreed that: a. the family was sufficiently versed in TA; b. as long as they interpreted each others' behavior correctly, Kupfer could reserve his interpretations for more specific and cogent points.

January 15. Kathryn Davenport: "A New Family Group."

Since this group was established because the children were being seen at the psychiatric clinic, the parents tended to play PTA. The therapist had trouble getting them to focus on their own roles in the children's difficulties. The Seminar felt that she would have to establish a clearer contract with all members of the family and that a more forceful application of TA would be of greater value.

January 22. Jeanne Fowler & Jack Kaufman: "First Meeting of a Teenage Group." (Tape)

This was the first meeting of a group of adolescents 14-17 years old. The following two questions were presented to the Seminar: (1) Were the therapists correct in trying to establish a contract with each group member, especially since these were mainly "involuntary" patients who came to the County Psychiatric Clinic under some duress from home, school, or probation? (2) How could the male-female co-therapist arrangement best be utilized?

The members of the Seminar differed on the necessity of getting individual contracts with group members at the first meeting.

The therapists had decided beforehand to work as male-female co-therapists on an experimental basis. The Seminar felt that the most important things for them were to clarify their contracts with each other and to handle problems that arose between them in an Adult way, which would serve as an example to the group.

February 5. Jean Fowler & Jack Kaufman: "A Follow-Up."

This was a verbal summary of the third meeting of the group presented above. The questions asked were: (1) How best to deal with the competing sub-groups which had coalesced within the group? and (2) How best to deal with the pastimes, which the therapists thought were excessive?

The Seminar felt that the competing sub-groups had the purpose of confusing the therapists in the same way the teenagers confused their parents. It was therefore important for the therapists to maintain control. The group will tend to see the therapist as Parent in any case. Pastimes could be cut down by the therapists being more active in presenting time-structure to the members and thus giving them a context for looking at the group's behavior.

TRANSACTIONAL ANALYSIS IN THE COURTROOM

Anonymous

A recent graduate of a transactional therapy group has written some observations regarding ego states in the court-room practice of law, which are quoted here with his kind permission.

"It was a great day for me when I learned that I passed my bar exam. It was something I had accomplished on my own . . . The court-room is for me the great test of myself. Personal success in court (this doesn't mean 'winning') depends on my ability to come across as an adult. If the child or parent takes over, even for a few moments, the results are obvious in that I can see the effect on the judge or other counsel. I believe that a knowledge of the parent, child, adult relationship is of fundamental importance to the attorney, both in and out of the courtroom. This is especially true in the Jury Trial situation. I think that selecting a jury is the single, most important act that takes place during the whole trial. During that period you must let the jury come to know you and your case. At the same time you must in a few brief minutes learn a great deal about each juror. In most instances, questions won't do the trick. However, if you keep your eyes on the jurors all the time, their conduct may give some indication about whether they are going to judge your case with prejudice, or by an adult standard.

"I spend a good deal of time talking to clients. Although they may have valid legal problems, the cause of these problems is usually produced by their child or parent. I often ask: 'Why didn't you . . .?' The answer is always the same: 'Well, I know I should have, BUT . . .' It is sometimes very depressing, and when I begin to understand the cause of the problem, it is difficult to confine my thinking solely to the legal issues . . . . I am beginning to believe that any aid I give them is usually only temporary.

"I won my first 'big' case the other day. It took two days of argument before a judge. I think I won my point because the judge maintained his parental role, and I, for the most part, was an 'adult'. The opposing counsel came on as a 'parent' -- and the judge cut him short, i.e., 'just a minute -- I'm the judge.' If the judge had given in and assumed the 'child' role, then I might have lost my motion. Also I believe it was the opposing counsel's child that looked up the law (or maybe his parent), e.g., 'This is the way the law is,' or 'This is the way it should be,' instead of 'This is the way the law will probably be interpreted.' The adult must do the research because the discussion as to the law (as distinguished from the discussion of the facts) is, I believe, an adult function. An argument of the facts will probably include a 'controlled' parent-and-child, especially if a jury is involved."

(As far as is known, Mr. S., writer of the above, is the first trial lawyer to use TA systematically and objectively in the courtroom, although other attorneys who have been in TA groups use it subjectively to regulate their own behavior).

THE SEMINAR SITUATION

Kevin Browne & Paul Freeling

In a psychiatric seminar, where one member reports a case which he has personally conducted to a number of his colleagues, there is a situation at two levels. At the first level, the one ostensibly to be discussed, there is a patient-therapist relationship in which the behaviour of each and the feelings of the therapist are the data. On the basis of these facts the therapist attempts to evaluate the patient's presenting problems, together with his account of his past and present life situation where this is relevant.

At the second level there is the therapist-seminar relationship. Each member of the seminar has available as data the behaviour of the reporting therapist, the reactions of the other seminar members and his own feelings. He may in addition have some past knowledge of the reporting therapist and the seminar. On these facts the seminar must evaluate the reality of the therapist's account of the patient-therapist relationship, and only then, on the basis of this evaluation, is it logical to proceed to discuss the manipulative attempts by both patient and therapist in the first level situation.

It is as wrong to fail to differentiate between these two levels as it would be in an archeological dig to attempt a reconstruction from haphazard findings from two strata mixed together. From this confusion arise such situations as that so frequently seen in seminar discussions in which the therapist's account of his part in the patient-therapist situation is assumed *ab initio* to be the result of the patient's manipulation. Despite all the therapist's protests that his responses were based on a conscious evaluation, the patient's role is reconstructed from the therapist's reactions.

The behaviour of the seminar towards the therapist in the therapist-seminar situation is often said to reflect the patient's effect on the therapist in the original situation. But again such an attribution, making assumptions as it does about the real nature of the second level situation, can only be justified after some separate analysis of the two levels has been made. There is no a priori reason for assuming that the transaction between therapist and seminar bears any resemblance to the transaction between patient and therapist.

What is required is a touchstone of reality by which the facts of the second level can be judged, so that from them the reality underlying the doctor's account of the first level can be arrived at. Usually these judgements are made unconsciously; at best they remain unacknowledged even if in consciousness. We have found transactional analysis provides for us for the first time a rational system for the separation and evaluation of the two levels.

Editor's Note: These two levels would correspond (1) to the Adult presentation of the therapist, and (2) to the seminar's reaction to the Parent or Child of the therapist: both as they see it, and as they infer it responded to the patient's transactions.

Dr. Browne and Dr. Freeling are two new members of the ITAA from England. Dr. Freeling is planning to come to San Francisco in October.

WHY INSTITUTIONALIZED OFFENDERS DON'T HAVE TO GET BETTER

(Observations after 60 meetings with adolescent offenders committed to a work-camp for indeterminate stays)

Paul McCormick

"Cops and Robbers" is one of the favorite games of delinquent youths. In a work-camp, it is strongly discouraged. Boys who do not stop playing it either run away or are committed to a more secure institution for failing to "adjust." Boys who remain can play "How Do I Get Out of Here" instead.

HDIGO is a game because it consists of a well-defined set of maneuvers with a concealed gimmick, an unwritten guarantee. No one has to get better to get out. He must only look good. It is guaranteed that the good player will be the same boy at departure as he was on arrival, with his back-sliding propensities intact. On the staff's side the game is "I'm Only Trying to Help You."

Common gratifications of HDIGO are:

1. The psyche is protected from honest scrutiny by avoiding the real problem, while guilt is lessened by the player's looking good.

2. Help comes from the staff in avoiding the real problem, which is usually a weakness for being exploited or for enjoying exploiting others. This problem is itself exploited, by both the boy and the staff.

3. Time with one's counselor is filled by HDIGO.

4. Time with fellow-wards is filled by the derivative pastime, "How *I'm* Getting Out of Here."

5. Freedom from isolation and stroking from the staff for looking good are readily available.

6. The Child's position (usually "I'm not OK — They're OK" because Cops and Robbers" is ultimately depressive) is reinforced by the staff's lack of interest in working on the crucial issue.

Some rules of the game are:

1. Don't look too good too soon. Evidence of progress is hard to collect if behavior is satisfactory from the start.

2. Admit your "problem" fairly soon. Having a hot temper, resenting authority, following the wrong crowd or being immature suffice as "problems."

3. Do some "acting out" for about two months. Then cut it out. Dramatic changes signify that you've got hold of yourself.

4. Lapse occasionally. You can be disciplined for getting no "writeups" (minor-infraction reports) as well as for too many. The front should not be too obvious.

5. Expect occasional "attitude tests." A sudden, unexplained switch from an "honor job" to an undesirable one is obviously a test of your "frustration tolerance." Passing the test gives your counselor good material for the next staff meeting.

6. Be sure that all the counselors, not just your own, know your "problem" and see you've solved it. All vote on when you are to be released.

7. On graduation night decently grateful graduates address the non-graduates, advise them how best to play, and thank the staff for helping them.

The conclusion seems to be that HDIGO is for most youths in camp as gratifying as "Cops and Robbers" was on the outside. It is also much less turbulent. Refusing to play the game is not easy, either for the staff or the ward. It is so enmeshed in the program that challenging any of its operations is challenging the integrity and intelligence of the entire staff. Helping the boys analyze the game is subversive.

The boys soon become very adept at handling HDIGO, once they learn the rules. An alternative for a transactional analyst is to concentrate on the boys' more original games, such as "Now I've Got You, You Son of a Bitch," "See How Hard I'm Trying" (dangerously close to HDIGO), and "Do Me Something."

THIRD SUMMER CONFERENCE

The Third Summer Conference on Transactional Analysis will be held on Saturday and Sunday, August 28-29, 1965, at the Mark Thomas Inn in Monterey, California. (Note change in dates). Hosts will be the Monterey Peninsula Transactional Analysis Seminars, with Robert Goulding, David Kupfer, and Jeanne Kanevsky making the arrangements.

Tentative plans are for three sections to run simultaneously:

I. Papers on TA (Advanced)
II. Panel Workshops (Advanced)
III. Introductory Course

The following subjects are being considered for workshops:

1. TA in Institutions
2. TA and Family Therapy
3. TA in Medical Practice
4. TA and the Adolescent
5. TA in Correctional Work
6. TA and the Cured Alcoholic

Social event will include a Buffet Party at the Mark Thomas on Saturday evening, a cocktail party at Dr. Robert Goulding's home on Sunday afternoon, and others. There are also ample facilities for family outings for swimming, beach walking, riding, golf, sight-seeing, and evening field trips. The Seminars will be able to supply a limited number of baby-sitters. Accommodations will be arranged by the staff. The registration fee will be $10 for non-members (which includes a year's subscription to the Bulletin and Associate Membership in the ITAA), and $5 for members. There will be an additional fee of $30 for those enrolling for the Introductory Course. Additional details will appear in the next issue of the Bulletin and in a separate announcement which will be sent to individuals and institutions on our mailing list. For pre-registration or further information, write ITAA, Box 5747, Carmel, California 93921.

THE PROCESS THERAPY OF HELLMUTH KAISER

Robert M. Hodges

On March 8th, Thomas Munson, M.D. of LaJolla, a former associate and student of the late Hellmuth Kaiser, brought a discussion of his experience with Process Therapy to Methodist Hospital. Some observations upon this "attitude" (. . . not a method,") are of interest.

The foundation of Process Therapy rests on two basic concepts: (1) The "Universal Symptom," i.e., the anxiety experienced whenever a person's existential aloneness is perceived, however dimly. This leads to "duplicity" in his communications with others, i.e., his words say one thing and his non-verbal communications say another, so that his offerings are ambiguous and less than wholehearted, requiring that the therapist "listen" for the truth. (2) In every ordinary human encounter the "unhealthy" individual exhibits an "Illusion of Fusion" (Munson). That is, he relates to others as though he is one-down and they are one-up, or vice versa. Not as a peer. The therapist hears (if he listens) the patient making constant references to the notion that the therapist can "read his mind" or in some way is bound or connected with the patient (idea of fusion). The existential facts of life to the contrary notwithstanding.

At the core of Process Therapy is the existential notion that man is resistant to taking full responsibility for his behavior and for the fact of his aloneness. This reluctance is displayed in double-meaning and contradictory messages that his speech and body attitudes convey. Also by the use of linguistic dodges such as ". . . I must; . . . it seems to me; . . . I need; . . . what if; . . . sometimes, etc." In other words, the use of the subjunctive mood in speech has the effect of evading responsibility for one's convictions as uttered, shifting it onto hypothetical personages or groups ("They . . . ; One does . . . . etc.") In Process Therapy an effort is made to discourage the use of such euphemisms and to point out their essential cowardice. The art of doing this constitutes Process Therapy's only "technique." Dr. Munson gave examples of his direct experience with "neurotic" patients, but admitted that he has not had much experience using this method with psychotics or in group settings.

Process Therapy is not concerned with the past, but only the here and now. In this regard it differs from Transactional Analysis where the Parent and Adapted Child are patiently and deliberately derived from current behavioral phenomena. Also, in Process Therapy no effort is made to acquaint the patient with the sources of his personality nor his ontological "moments of decision," whereas Transactional Analysts believe such sources and moments have contributed to his present plight. In Process Therapy no notice is given to the ways in which time is structured. More particularly, games are not acknowledged as such, nor their advantages to the patient derived from live behavior. Otherwise, I believe Process Therapy can be easily contained within Transactional Analysis theory.

Dr. Hodges is in the private practice of psychiatry in Pasadena, and is a Clinical Member of the ITAA.

TA AT THE AGPA

The San Francisco Seminars played an active part at the Annual Institute and Conference of the American Group Psychotherapy Association held at the Jack Tar Hotel January 27-30. The activities started with the presentation of a taped group at the San Francisco Seminars on Tuesday evening, and ended with a dinner on North Beach Saturday night.

On the administrative side, four of the members played major supervisory roles in keeping the conference running smoothly: Franklin Ernst, as Chairman of the Arrangements Committee, with Joseph Concannon, Robert Goulding, and George Jones assisting him in this complex and demanding task. There was general agreement that the years of experience with the hard, realistic approach of the Seminars to problems of management and group dynamics increased the smoothness and efficiency of the Arrangements Committee. Other members of that Committee included Richard Parlour (also a member of the ITAA), together with Leonard Kane, Andrew Curry, Paul Freeman, Dorothy Gibson, and Donald Shaskan.

While there were no papers on TA as such on the scientific program, Eric Berne conducted one of the sections of the two-day Institute, and thus was able to give an intensive introduction to TA to about 15 people. At the last moment, one of his private groups offered to hold a therapy session before this audience, thus affording a unique opportunity for the visiting therapists to see TA in action with a sophisticated group of patients.

TA Headquarters, a suite of rooms on the fourth floor, held open house during most of the meeting, offering refreshments and good company during the day and far into the evening, attracting throngs of brilliant conversationalists and a few amateur musicians who added to the festivities. Bevies of gracious hostesses, and the sparkling witticisms of the Seminars' Social Director, John Dusay (assisted by the Social Director Emeritus, Howard Fradkin, who came up from Southern California for the occasion), added a glittering dimension to the proceedings of the meetings.

TA AND PSYCHOANALYSIS

Dr. Louis Paul, of Beverly Hills, presented a paper on Albee's play "Who's Afraid of Virginia Wolf?" to the Southern California Psychoanalytic Society on February 15, using transactional game theory as his framework. This is the first example which has come to the attention of the Bulletin, of a formal presentation based on TA before a Psychoanalytic Society. One discussant criticised game theory on the familiar ground that it neglects internal psychodynamics, but then proceeded with more favorable considerations. Another restated this as "neglect of the underlying dynamics." Dr. Paul reports that he responded to the misconceptions in his closing remarks, and had the impression that the overall response was generally favorable, with some requests for bibliographical references. An abstract of his paper and of the discussion will be published in the Bulletin of the Philadelphia Association for Psychoanalysis.

CONJOINT FAMILY THERAPY: A GUIDE TO THEORY AND TECHNIQUE, by Virginia M. Satir, M.A., A.C.S.W. Science and Behavior Books, Inc., Palo Alto, 1964. 177 pp. plus Bibliog. and Index. Paperback. $4.95.

Virginia Satir has put down concisely the principles, theory, and technique she has been using and teaching in her work at the Mental Research Institute in Palo Alto. The virtue of this book lies both in what it does and in what it does not do.

What it does is tell the reader what he can do right now to understand families and to treat them. Part I deals with Family Theory, Part II with Communication Theory, and Part III with the Theory and Practice of Therapy. Part I contains, even for the experienced clinician, many new and cogent insights and observations on family dynamics. Part II is the most interesting for the transactional analyst from a theoretical point of view, since it gives a rather complete exposition of communication theory as developed by the Palo Alto group. Part III demonstrates the technique and value of talking straight in the therapeutic situation.

What Satir does not do is inflict the reader with the banalities of "group therapy" and "social science" writing, those apologies, evasions, and cliches which sound like caricatures of themselves. She does not juggle jargon, nor does she apologize for failing to do so. She talks like someone who has something to say, knows how to do something effectively, and is ready to say and do it.

There are lots of things wrong with family therapy, and in many ways it is "superficial." For example, it is usually impossible, and in most cases inadvisable, for the members to discuss their sexual experiences and fantasies, infantile or otherwise, before the other members of their families. Also, by and large, it is only available to "nice people," and Satir's families seem nicer than most. (Few child-beaters and drug addicts would or do come into family therapy, whereas they might come into individual therapy). Thirdly, only certain types of families are able to tolerate family therapy, even in such skilful hands. Nevertheless, those families that do come often benefit far beyond what could be expected if they spent the same amount of time in individual therapy.

Satir believes that the therapist has a job to do and should know how to do it. She explains clearly what it is and how she does it in such a way that others can follow suit. Her approach centres around information. She wants to know first of all what went on, and why, and what is going on now, in the transactional sense: who was sitting where and what they said to each other. Only after she has this information does she presume to intervene to change the set-up, and then apparently (from reading her book) and actually (from accounts of those who have seen her at work) with considerable effectiveness.

This book is highly recommended to transactional analysts not only as a technical and descriptive manual, but also as an example of good scientific writing in the field of therapy.

E. B.

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Addenda

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Changed from Associate Member to Regular Member

Southern California

(RM)	Gordon Dayton, M.D.	(RM)	Edith Keim, M.C.W.
(RM)	John Douglas, M.D.	(RM)	Donald Marsh, Ph.D.
(RM)	Leo Froke, M.D.	(RM)	Jerry Nims, Ph.D.
(RM)	Louis Gasper, Ph.D.		

Oklahoma

(RM) J. C. Whitacre, II, M.D.

A LIVING SITUATION

"THE PERFECT FRIENDSHIP"

Cyprian St. Cyr

A brave lion and a courteous lady became friends with each other. They vowed to keep their friendship perfect by being honest with each other at all times. On one occasion the lion could find no game to eat, and being ravenously hungry he said to the lady: "I am going to eat you." "Don't eat me, eat her," said his friend, pointing to another lady in the vicinity. "Why must it be me?" To which the lion replied: "Because I love you best of all." The lady, however, refused to be eaten, and because of the friendship the lion had to find his meal elsewhere. The perfection of their friendship was permanently damaged by this incident, for ever afterward the lion felt a little resentful because the lady had let him down by her refusal, and she always felt a little guilty for having done so. Because of this they eventually parted.

Which of these two honest beings was wrong, the lion or the lady? Given their natures, could either of them have felt differently? Should they have been content with imperfection? Should they have been more dishonest with each other?

A THOUGHT FOR SPRING

"CUPID: Since Spring is here, let us talk of Psyche and not of her dynamics."

C. St. Cyr

NOTICES

APA Panel

The ITAA and its affiliates will sponsor a panel on "Transactional Analysis of Therapeutic Maneuvers: Pitfalls of Psychotherapy," at the Annual Meeting of the American Psychiatric Association in New York in May. This will be a dinner meeting held on Tuesday, May 4. It will be essentially a discussion of games played by therapists. Our members are invited to avail themselves of the hospitality of the ITAA in our private suite which will be open on Tuesday and Wednesday at the Americana Hotel.

Call for Papers

Anyone having material to present in Section I of the Summer Conference (See page 39) should send two copies of a paper or an abstract to Dr. Robert Goulding, P.O. Drawer 6116, Carmel, California 93921, before May 15th.

Another Call

The Bulletin is planning a special "Children & Adolescents" Number for later this year. Anyone having theoretical or clinical TA material relating to the early years of life (the earlier the better) is invited to contribute. Such contributions may be of any length from a few lines up to but not exceeding two double-spaced typewritten pages. Relevant observations written by the children themselves (patients or offspring) will be particularly welcome.

Satir - Goulding Seminar

A joint seminar on Transactional Analysis and Conjoint Family Therapy will be presented by Virginia Satir and Robert Goulding at Big Sur Hot Springs (below Carmel) on Saturday and Sunday, May 29th and 30th, 1965. For information, write Dr. Goulding at Drawer 6116, Carmel, California, 93921.

GEORGE

(Our sponsored orphan in Crete)

George continues to attend school, and his English is improving. We will publish one of his letters in full in the forthcoming Children's Issue of the Bulletin.

NOTICE

During the past six years, the San Francisco Seminars have taken the responsibility for George's support ($180 per annum plus Christmas and Easter gifts). Other Seminars are now invited to take contributions of 50c or $1 from their members from time to time to contribute to this amount, which will be administered by the ITAA.

TRANSACTIONAL PUBS BOOK LIST

Transactional Pubs has been put on a more business-like basis with professional book-keeping and shipping, and is expanding its activities to include other carefully-chosen books of value to transactional analysts. An order envelope is included with this Bulletin.

Now Available

Transactional Analysis in Psychotherapy. Paperback. The basic text for transactional analysts.

The Structure & Dynamics of Organizations & Groups. Hard cover. The transactional theory of group dynamics, and its application in the therapy of ailing groups. "Of great interest and importance to those people who teach groups, lead them, record or observe them, or just participate in them." (American Psychiatric Association Bulletin, February 1965).

Games People Play, Limited Edition. Hard cover. The theory of transactional games, with a thesaurus of games and pastimes. This is TAB Supplement No. 2 put out by Transactional Pubs. It is the same as the trade edition, except that it has a special title page. It is particularly attractive to those who like limited editions.

Outline for an Introductory Course in Transactional Analysis and Social Dynamics, TAB Supplement No. 1, is now available for those teaching this subject clinically or academically. 13 pages in mimeograph, interleaved with blank foolscap pages for instructor's notes, giving topical headings for a course of eight lectures. It is also helpful as a guide to those taking an Introductory Course.

Condensed Introductory Course in Transactional Analysis, TAB Tape Supplement No. 2. Four lectures given at the Second Summer Conference, 1964. Four hours, 3 3/4 ips., professional recording. (In preparation).

Conjoint Family Therapy, by Virginia Satir. Paperback. Contains a concise summary of clinical communication theory as practiced by the Palo Alto group, as well as much information and many acute observations concerning family dynamics. Written clearly, creatively, and informatively, it draws attention to many of the author's new and valuable insights in this field.

Layman's Guide to Psychiatry & Psychoanalysis, by Eric Berne. Paperback. A simple and readable introduction to the principles of psychoanalysis, with a survey of the field of clinical psychiatry. Originally published as **The Mind in Action.** "It presents succinctly the dynamics of the development of personality in health and in illness . . . To our knowledge this book is the best of its kind." (Psychoanalytic Quarterly, 1948).

Transactional Pubs, P.O. Box 156, Mount Eden, California 94557

ORGANIZATIONAL NEWS

Certificates of Attendance

Printed Certificates of Attendance are now available for those who have completed an authorized Introductory (101) Course or its equivalent. Attendance must be verified by the Instructor. The Certificates will then be made out at ITAA Headquarters in San Francisco, countersigned, and stamped with our seal. They will then be sent to the Instructor for his signature, after which he can distribute them to his students or else return them to the ITAA for mailing, Associate Members and others eligible for a Certificate of Attendance will be admitted to Regular Membership in the ITAA on recommendation of the Membership Committee. Professional standing and personality qualifications will be taken into consideration in this regard. Attendance at Condensed Introductory Courses (100), such as those given at workshops and at the Summer Conference, does not qualify for a Certificate.

Such a Certificate does not qualify anyone for Clinical Membership. This is a special distinction reserved for those with adequate clinical experience in transactional analysis and an intimate knowledge of its therapeutic application. Candidates for Clinical Membership may be nominated by the Instructor or Chairman of an Advanced Clinical (202) Seminar which the candidate has attended regularly for at least fifty meetings, and to which he has made satisfactory clinical contributions. Other qualifications for Clinical Membership will be determined at the discretion of the Membership Committee of the ITAA. Since Clinical Membership invites referral of patients, and is a pre-requisite for Instructors, it is anticipated that the standards for this qualification will rise as time goes on.

It has been suggested that a fourth class of membership in the ITAA, "Research Member," be established, based on ability to use TA in research projects. If suitable candidates are forthcoming, this will be given serious consideration.

In principle, the Membership Committee will meet twice yearly, but for the present, it will act more promptly and informally. It is not the policy of the ITAA to form Committees unless circumstances indicate that it cannot function with proper relaxation otherwise, and it now appears advantageous to deal more formally with membership standing.

Personals

Mary Bancroft was recently married to Mr. Schroeder Boulton. Mr. and Mrs. Boulton will be at home at 30 Sutton Place or 136 Waverly Place in New York City.

FIRST EXECUTIVE CONGRESS

The First Executive Congress of the ITAA was held at Rancho Del Monte in Carmel Valley on the week-end of March 27-28, with 17 members attending, some with their families. This was primarily a meeting of Directors and Clinical Members to decide on general policies of the ITAA in various spheres. Details will be published in the next issue of the Bulletin.

EDUCATIONAL ACTIVITIES

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINARS

Seminar 202, Transactional Analysis in Clinical Practice, will continue meeting every Tuesday evening at 8:30 p.m. at the office of Eric Berne, M.D., 165 Collins Street in San Francisco. (Go out Geary and turn right three blocks past Masonic.) Professional visitors are welcome. It is suggested that they check in advance by telephone, WA 2-3893, and they are requested not to arrive before 8:20 p.m. There is no fee for this Seminar, but regular visitors are invited to become Members of the SFTAS.

There will be no meeting on May 4 when the APA meets in New York.

FALL INTRODUCTORY COURSE

The next Introductory Course in Transactional Analysis will start in San Francisco at the end of September or early in October, 1965. It will run for seven weeks on Wednesday evenings at 8:30 p.m. It is open to those with a degree in the medical or social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university or college. Advance registrations will be accepted by the SFTAS at Box 5747, Carmel, California.

SACRAMENTO BRANCH
INTRODUCTORY COURSE

This is to announce that an introductory course in **Transactional Analysis** will begin April 8, 1965 at Sutter Memorial Hospital, 7th Floor Auditorium, 51st and F Street, Sacramento. It is open to those with a degree in the medical or social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university or college. A Certificate of Completion will be issued upon request.

(#101). **Introductory Social Dynamics:** A theoretical introduction to Transactional Analysis and Group Dynamics. Eight meetings, Thursday evenings, 8:00, April 8—May 27. Fee $25.00 payable on registration. Enrollment limited to 50. **Instructor:** Thomas A. Harris, M.D., assisted by Gordon Haiberg, M.D.

Texts: Transactional Analysis in Psychotherapy, Berne, Grove Press, 1961

The Structure & Dynamics of Organizations & Groups, Berne, Lippincott, 1963

Games People Play, Berne, Grove Press, 1964

FOR INFORMATION OR APPLICATION WRITE TO . . .

Thomas A. Harris, M.D., Sacramento Branch
San Francisco Transactional Analysis Seminars
5301 F Street
Sacramento 19, California . . . **OR PHONE** 455-3782

NOTE TO MEMBERS

Following this course there will be an advanced Seminar (#202) in Sacramento for the benefit of those wishing to continue their work in Transactional Analysis.

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, corectional officers, social scientists, clergymen, and educators. The teaching is primarily oriented toward group therapy and group work based on transactional analysis, and research in social dynamics is encouraged. The Association (formerly the San Francisco Social Psychiatry Seminars) is now in its eighth year, and is entirely self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Societies are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible to attend. Qualified people are always welcome to visit the meetings of the Seminars and Societies. They can become Associate Members of the ITAA by filling out the application blank below, and are cordially invited to do so. They may become Regular Members after taking a complete Introductory Course or its equivalent, and may apply for Clinical Membership after attending an advanced clinical seminar and conducting at least two transactional therapy groups for a period of one year or more.

All classes of membership include the following privileges: (1) Subscription to the Bulletin (2) Entree to Seminars and Societies when travelling (3) Hospitality of the temporary ITAA headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences (5) Listing in the Annual Geographical List of Members.

Those desiring Associate Membership and a subscription to the Bulletin (or Regular Membership if eligible) may fill in the coupon below and enclose the membership fee. Subscriptions to the Bulletin are available to institutions and libraries at $5.00 per year.

Please advise us of change of address. Use the coupon below to apply for membership or to renew it when it falls due. Please enclose membership fee.

Send to: T. A. Bulletin, P. O. Box 156, Mount Eden, California, 94557

Please enroll me in the International Transactional Analysis Association as a

Regular Member ( ) ($10) Associate Member ( ) ($10)

For those residing outside North America the membership fee is ( ) ($ 5)

Name: _____

Address: _____

_____

Profession: _____ Degree: _____

Affiliation: _____

(For Regular Members) Introductory Course taken at _____

International Transactional Analysis Association

A Non-Profit Educational Corporation

TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 4 JULY, 1965 NUMBER 15

CHILDREN AND ADOLESCENTS NUMBER

SCIENTIFIC PROCEEDINGS

SAN FRANCISCO - - - - - - - - - 47

MONTEREY PENINSULA - - - - - - - - 50

CHILDREN AND ADOLESCENTS

D. Kupfer, Guest Editor

AUTOBIOGRAPHIES - - - - - - - - - 51

CASE OF AN EPILEPTIC GIRL - - - - - - - - 54

A LIVING PROBLEM - - - - - - - - - 57
C. St. Cyr

TA AT THE APA - - - - - - - - - - 58

TA AT THE GOLDEN GATE - - - - - - - - 58

PUBLICATIONS AVAILABLE - - - - - - - - 59

ORGANIZATIONAL NEWS - - - - - - - - 60

EDUCATIONAL ACTIVITIES - - - - - - - - 61

THIRD SUMMER CONFERENCE - - - - - - - - 62

TRANSACTIONAL ANALYSIS BULLETIN

published quarterly by the

International Transactional Analysis Association

and its affiliates

A Non-profit Educational Corporation

VOLUME 4 JULY 1965 NUMBER 15

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. A membership registration blank will be found on the back cover of each issue. For institutions, libraries, and individuals not desiring membership, subscription is $5.00 per year. Subscriptions and enquiries should be addressed to Transactional Analysis Bulletin, Box 156, Mount Eden, California.

Contributors

Articles, clinical notes, news items, and other pertinent material should be addressed to the Editor at the above address. They should not exceed two double-spaced typewritten pages in length, except by special arrangement.

Advertising

Rates for classified and display advertising will be submitted on request. The Bulletin reaches a select audience of professional people.

Editorial and Circulation Assistant, Anne Garrett

The International Transactional Analysis Association

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SCIENTIFIC PROCEEDINGS

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINARS

SPRING QUARTER — ADVANCED SEMINAR - 202 - APRIL - JUNE 1965

The abstracts below are written for professional readers who are assumed to be familiar with the basic principles and language of transactional analysis.

March 30. Viola Litt: "A Prison Group." (Tape)

Litt presented a group at a correctional institution, where she has been the only female correctional officer doing group therapy with the prisoners on a short-term indoctrination basis. The men spent the first quarter of an hour testing her to see if she talked straight, and then proceeded with pastimes of "Cops & Robbers" and "How Do You Get Out Of Here." There was some resistance to the use of PAC both on general "con-wise" principles and because of the novelty of having a woman group leader. (See TAB 1:31, October 1962, and 2: 88, October 1963).

April 13. John Dusay: "The Management of Acute Psychoses in Out-Patient Groups." (Tape)

April 20. Margaret Northcott: "A Social Agency."

Northcott outlined the authority structure of a social agency whose main purpose is to effect community change by stimulating other agencies to increase services for mentally retarded persons. She then described an interview with the mother of a mentally retarded child. Her question to the Seminar was whether the therapist was playing "I'm Only Trying To Help You." Further treatment will give the answer--if the therapist was employing ITHY, the mother will make her angry in spite of the therapist's assurance: "It's all right to tell me how you feel. I won't get mad at you." "Justifiable" annoyance is the therapist's goal in a game of ITHY.

Some members stated that Northcott showed a grasp of TA treatment philosophy when she resisted the mother's attempts to play Stupid. At one point the mother, in a helpless fashion, asked how to get information about nurses' training. Northcott, instead of giving her the information, suggested that she look in the phone book, thus giving her permission to think for herself. It was evident that the mother had been trained to play Stupid, and had passed on this training to add to the difficulties of her retarded daughter.

(Author's Abstract)

April 27. Melvin Boyce: "Games and Work."

Games played at work have their origin in childhood when the Child learns them from his employed parents. When a person so influenced later seeks a job, he looks for a situation most suited to his talents in work and game-playing. It is probable that each place and type of work has its own set of games.

Are all strikes caused by perverse Parent-Child conflicts? The following is a tentative listing of games at work. In Health, Education, Welfare, and Religion: ITHY, Wooden Leg, Psychiatry, Indigence, How Do I Get Out Of Here. In Business: If It Weren't For Them, ITHY, Wholesale, Wooden Leg. In Construction: SNAFU, Tomorrow, Wooden Leg, Greenhouse, Loan Till Payday, Try And Collect, Why Does This Always Happen To Me? In Insurance: ITHY, Heart Attack (What If You Have One). In Finance: Keep the Ball Rolling.

(Author's Abstract)

May 11. Virginia Barclay: "A Patient Who Withdrew." (Tape)

Barclay presented a tape of a group meeting with the question: "Why did Pat withdraw after this meeting?" She also handed out typed transcripts of the proceedings. After a segment of tape was played, members of the Seminar acted the parts of the patients, reading from the transcript. Even *after* hearing the tape, there was little resemblance between the reading and the tape, mostly because of the omission of Child hesitations, interjections, and interruptions. The differences between sound recordings and the printed word were discussed, and the implications for scientific publication and theatrical performances.

May 18. Eric Berne: "The Therapist is Absent." (Tape)

The group met at the regular time and place when the therapist was out of town. The members took a tape-recording on their own initiative. There was considerable laughter, and considerable transactional analysis also. Occasionally they lapsed into pastimes and sounded like a conventional group, until someone pointed that out. Throughout the recording it was clearly recognizable as a TA group. The Seminar was interested in how long their "steam" would last if they continued to meet without the therapist, but there is no data available on this. No unusual events or revelations occurred.

May 25. Donald Young: "Family Therapy." (Tape)

Young presented a taped interview with a father, mother, daughter 17, and son 10. He skilfully "captured" the son and isolated him from the enveloping games of the other members. He then dissected out single transactions concerning the boy's behavior at meal-times. Young did not use TA and his approach was more like that of Satir. It was felt that the extrapolative value of the experience to the family would have been greater with explicit use of TA and game analysis.

June 1. Virginia Barclay: "A Vocational Guidance Group." (Tape)

Barclay presented a group from a Day Treatment Centre with two questions: "Why isn't attendance better?" and "What games are the two therapists playing?" Dusay noted from the frequent use of the word "obligation" by the members that the meeting was heavily parental. He suggested involving the Child by telling them: "I don't care about your obligations!" and by encoura-

ging free association, and felt that this approach might increase attendance. Berne observed that the patients seem more attached to the Centre as an institution than to the individual therapists. The therapist has no leverage since the patients are not asking her for anything; on the other hand, the patients have leverage because the therapist seems to be expecting something from them. This contractual problem could be solved by asking the members how many of them want help from the therapist in getting and holding jobs. Those who did not could still stay in the group as auditors if they so desired. Another possible contract was to teach them TA. Since Barclay has two groups, she decided to try one of these contracts in each group and see what happened. As to the second question, there was evidence that the two therapists were playing Bad Daddy and Nice Mommie.

(Author's Abstract)

June 8. (1) Paul McCormick: "A Group of Juvenile Delinquents." (Tape)

McCormick presented the 92nd meeting of a group of 16-18 year old delinquents at a Boy's Honor Camp. The members of this group had twice the AWOL rate of the camp in general. The Seminar felt that the therapist was too benevolent ("Just an honest mistake you made by running away, right?") and in effect gave them permission to run away and then be forgiven, where the other officers were tougher and used guilt as a leverage to discourage runaways.

(2) Eric Berne: "Evolution of a Script."

Berne's patient recollected her moment of script decision at the age of six, after she heard her mother in effect describe her own script to a lady friend. This involved a bad marriage and a rescue by a better second husband. Patient made a marriage which her mother told her would be bad, but found she loved her husband. The conflict which resulted when her script impelled her to provoke her husband into being "bad," while she really thought he was good, brought her into therapy in order to prevent the divorce which her script called for. The script had previously been unconscious, and she did not at first realize that her "marital troubles" were provoked for the purpose of obtaining a divorce and getting rescued. Patient now giving up her script felt empty and was asking "What do I do instead?"

June 15. Eric Berne: "A Therapy Group."

This was a "randomly selected" group from the current week's practice, presented orally. One patient was there for the last time after two years of group treatment. He was practically asymptomatic, had Adult social control, was able to listen, and to attain transactional intimacy with his wife by "getting rid of the trash in his head" before talking to her. The "trash" consisted of "Ain't It Awful," "If It Weren't For You," etc. He got rid of it by telling her about his complaints without really talking to her, after which he could talk to her. The other members "released" him because he had for some time been game-free and able to listen in the group.

May 7. Frank Donovan & Edward Larschan: "The Beginning of an Adolescent Group." (Tape)

As is frequent with adolescent patients these 14 to 17 year olds were brought to the Clinic by their parents. The therapists felt that this group was not "getting off the ground." The discussion in the seminar resulted in the following suggestions: a. Introduce Transactional Analysis quickly rather than focusing upon problems and symptoms. b. Interpret transactions in the group rather than attempt to foster involvement through content-oriented questions. c. Let them play "Ain't It Awful" for a while. It can be used later for interpretations to point out the adolescent's role in the difficulties he describes.

May 21. Edward Larschan: "An Adolesent Group." (Tape)

This was a follow up of the group presented on May 7. A marked increase in transactions was apparent following the therapist's focus on teaching Transactional Analysis. The therapist had minimized discussions of "problems" and "symptoms". He also had avoided asking direct questions. Group members who had previously played Stupid when questioned as well as those who had been silent now were more active.

June 2. David Kupfer: "Mother takes a Hand."

Mrs. Z. has had several years of Transactional Analysis and has become very skillful in its application. Her bedtime rituals with her young daughters include "tucking them in", exchanging kisses and saying "Good night, God bless you!" to each of the girls. One night during these rituals, Glenda, age eight, the second oldest, refused to kiss or be kissed by her mother. She said that she didn't want "this kissing stuff" any more. Mrs. Z. put her "computer" to work and made a split second decision. She kissed the girl forcibly and said "Regardless of how you feel, I love you and will continue to kiss you whenever I want to." This struggle went on for several days, the girl refusing to be kissed and the mother kissing Glenda against her will. Mrs. Z. made it clear by actions and words that she loved Glenda regardless of how Glenda chose to act. After more than a week one day Glenda spontaneously threw her arms around her mother, smiling with relief and said: "Thank you, mommy, for making me human again." In the several months following this incident there has been no recurrence of the "kissing" problem.

Mrs. Z. had immediately recognized that she was faced with a "script" crisis in her daughter's life. Her prompt and decisive action in all probability effected a crucial change in her daughter's future life.

For more about this family, see page 51.

CHILDREN AND ADOLESCENTS SECTION

Guest Editor

David Kupfer, Ph.D.

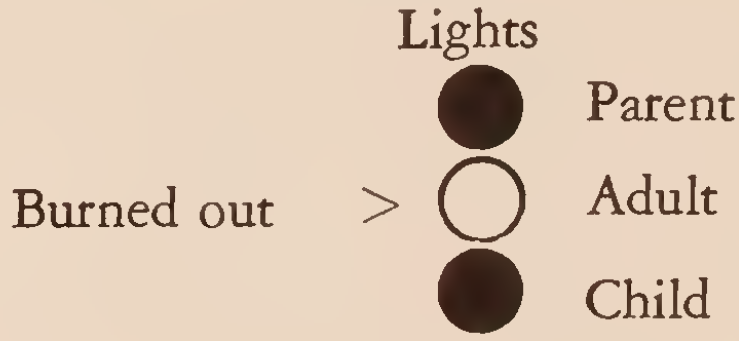
David Kupfer is a well-trained and experienced transactional analyst with a particular interest in adolescents. Most of the young people in his groups are the children of patients in his adult groups. As guest editor for this special issue of the Bulletin, he has selected some accounts of experiences with transactional analysis written by the children themselves, together with a more extended report of the case of an epileptic girl.

CHILDREN RAISED WITH STRUCTURAL ANALYSIS

A young mother with experience in transactional therapy introduced her young daughters to the theory. (TAB 1: 33-34, October 1962). Recently she asked her oldest daughter Doris, now aged 10, to write down some examples of her concept of TA.

By D. Z. (Age 10)

1 When my sister took ballet I didn't like to watch her class because I (my PARENT) knew that I was better than her class and *I wanted to be teacher.* I wanted to say: "No! That's AWFUL!!" And my CHILD wanted to *join the class.* Behind the screens and in the dressing room I went through the exercises just like the class. And between my scoldings and my bouncing up and down, in and out, I really distracted the class, of that I'm sure! As for my ADULT, well see example:



2 I love to read! It's my "pet subject." My grandmother lives in Chicago. She buys me books at the second-hand shop. When I first got the two books, my CHILD got so excited that I started screaming! All against the better advice of my ADULT who said: "Doris, you don't need to scream. I'm sure your excited and happy but *PLEASE!"*

3 When Mom married Ned a shock was in store for me. Because they both went to the group they were not afraid to ask: "Why did you say that?" "What maneuver was that?" and "Your adult didn't mean that!" It worried me because sometimes Mom would get mad or Ned would feel worried and sometimes I thought these questions are unfair. My PARENT feels sorry for the sad or mad one. My CHILD felt kind of scared, all in all. But I'm getting used to it.

4 I will often say to my sister (s) "I hate you!" That is, my CHILD often makes me *think* I hate them. Really my PARENT and ADULT know I don't hate them. Once I told Momma: "I wouldn't switch one person in this family for any other person that I know!!"

PS. I think that the Mondays away from home have done wonders for Mom. She controls her temper more than she did 2, 3 years ago. Also it has brought upon my understanding of the PARENT, ADULT and CHILD. She is more understanding and made me feel happier because I can find out answers of problems for myself. (With Mom's help, of course!).

THE ART OF CONVERSATION

By P. C. L. (Age 16)

In every person there are three separate channels of thought. At first this little known idea seems hard to believe, but after a time it becomes easy to spot and classify. The three definite parts of every person are: the judicial Parent, the matter-of-fact Adult, and the fun loving Child. Everything heard by a person is reacted to by all of these, but only one can speak at a time. Perhaps I'd better explain the three parts . . . .

As I said before, everytime a person says something, one of the three are in charge. Often you can hear the change in a person when he is talking. For example: if someone is telling a joke and says a word he doesn't understand, he may stop, ask what the word means, and then go on with the joke. This change is from Child to Adult to Child.

Now that these three parts of a person have been discussed, I can talk about the role that they play in a person. The three parts play games with the people they are in. They do this subconsciously, often the person doesn't realize the game is going on. This brings to mind the winning or losing of a game.

First let us talk about the games. The Parent, Adult or Child say something and the person being spoken to says something back. For instance, someone says, "I did a stupid thing." If the second person says, "Yes, it was stupid," the first person won his game by feeling badly. If the second says nothing the first person didn't win. Sometimes one person says something that causes the second person to cut or insult the first person. This game is called "Brown Stamps". The payoff a person gets with Brown Stamps is saddness or anger. "Gold Stamps" is the same with compliments, ending with a good feeling.

TRANSACTIONAL ANALYSIS

By H. J. (Age 16)

Transactional Analysis, to me, is the theory of behavior - how and why people react to situations the way they do.

My group, made up of six people, started meeting about two years ago. At the first few meetings we did little except sit. Sometimes there were spitball fights, but we did nothing constructive. Gradually we got to know each other, began to talk, and began to bring questions to the group. These made us think,

and gradually we learned about ourselves-our Parent, Adult, and Child. We were introduced to new terms as, "gold stamps," "brown stamps," "nigyysob," and learned what they meant. The most recent meetings have been profitable because there is less "fooling around," more discussion, and consequently more learning.

The greatest change I notice in myself is that I can talk to people more easily. I was the quiet one in our group because my "Child" was afraid of saying something "wrong." In school I now can answer questions without being frightened. The rest of the group consisted of boys, and they helped me by making me feel at ease.

Another way Transactional Analysis has helped me is by showing some reasons why people act as they do, good or bad.

ONE DAY WITH TRANSACTIONAL ANALYSIS

By C. B. (Age 17)

I woke up this morning to the noise of the four children I am babysitting for at my home. Finding it very hard to "plug in my Adult" at 6:00 in the morning, my Child had a "free mad" and shouted that if they weren't going to quiet down, I would bring the wrath of God upon them! When I finally got up, I played "mommy" fixing breakfast, drying tears, and spanking the eldest girl (whom I shall call "R"), for getting out of line. After things had quieted down, R came into the room, apologized to me, and then announced, with tears in her eyes, that she wanted to go and live with her father. (Her parents are separated and her father lives about fifteen miles away). My first thoughts were of a single nature—I wanted to help her understand what she was doing to herself and to the people closest to her. I sat down and talked to her for 45 minutes and had an awarding experience watching her personality at work.

Two years ago, if R had come to me and made that same announcement, my reaction would have been anger, resulting in sending her to her room with a good spanking. Now, because of an increasing awareness of my own personality, I was able to play a small part in helping R come to a realization of how her Child was "running the show." I did not want to make up her ten year old mind for her—but pointed out both sides of the story, acting the role of a semi counsellor-big sister. After an hour spent in thought she came to me and said that she had decided to remain with her mother. I shook her hand and gravely congratulated her on her Adult decision. I received several strokes from R when she thanked me for being "a good talker and listener, too!" R stated that often, she finds herself in certain situations when she asks her mother which one of her ego-states is at work—Parent, Adult, or Child. But now she feels "big" enough to figure out that for herself!

My plans in the future center around children—either teaching or child psychology. My own experiences with Transactional Analysis are going to prove invaluable in my work with children. I'm not going to say that I would not have planned to work in this field if I had not come into contact with Transactional Analysis. But I heartily doubt that I will be able to do as good and rewarding a job without it serving as my background.

EFFECT OF LEARNING T.A. ON AN EPILEPTIC GIRL

(1) The Therapist's Account

M. has grand mal seizures with repeatedly confirmed diagnosis of organic brain damage. Her I.Q. scores on tests given at intervals since then show an average of 95. At the age of twelve she was placed in a private institution, but has continued to spend time at home amounting to two months each year.

In early childhood M. had discovered the advantages of staging temper tantrums. The pattern included denunciation of her family, such as, "I hate you! I am going to get a new mother!" This would be followed by remorse and self denunciation, such as, "I love you very much, and am sorry I am so bad. I am going to hit myself." Each visit home was usually punctuated with at least one tantrum plus minor episodes.

When M. was twenty years old, her mother, after six months in Transactional Analysis therapy, introduced to her the concept of ego states by explaining that her Child could be seen when she was laughing, playing and having fun, and also when she was sad, angry, or crying. Her Parent was in charge when she was bossy and when she wanted to punish herself and others. Her Parent could also be seen when she wanted to help people and take care af them. Her Adult manifested itself when she did those things which must be done without her Child's getting mad or her Parent's punishing her, but because she knew they must be done. It was explained that a "grown up" discussion, such as the one they were having, was being held by her Adult and her mother's Adult. She found the concept interesting and accurately recognized her own ego states and those of others.

A few days later she had a tantrum, threatening to run away, get a new mother, etc. Her father, mother and sister had previously agreed to try to break up her next game of "Uproar" by ignoring it, which they did for the next three days.

At the end of this time "Games" were explained by telling her that we all, without realizing it, play games to get what we want (a specific pay off) and the results of playing games are often undesirable or painful. She was told that her family now chose not to play her game of "Tantrum" anymore. She recognized that her Child had been in charge and was able to talk about her Child's feelings. Her Adult accepted the fact that there are better ways to meet the Child's needs, and that she had the option to play or not to play "Tantrum."

During her next visit home M. was tense in her eagerness to succeed in giving up her game. There was one near miss, but she caught herself in time and recognized both how she had set the game up and how she had chosen not to play it. Then she declared that she would never play "Tantrum" again.

She is now twenty-one years old. Her Adult is in control most of the time, as there has been only one "Uproar" in the eighteen months since her decision to knock off "Tantrum." That one was brief and resolved without her former self denunciation.

M.'s awareness of the ego states of those around her has been interesting to observe. For example, she has usually felt ill at ease around one of her grandmothers, but enjoys the company of her great aunt. Recently she said "I know why I love Auntie so much. I have fun with her Child, but not with grandmother's." After her grandmother's last visit she amended this opinion by saying, I can see Grandmother's Child after all, but she is a sad Child who doesn't have any fun."

M. has demonstrated her understanding of "Games" other than her "Uproar," which she named "Tantrum." During her last visit home she said, "I am giving up the game 'Nobody Likes Me'. I played it one day at school when I didn't want to do something; so I said, 'Nobody likes me', and went to the dorm. That night I started wondering how that could be true when I know my family and teachers like me, and Bob likes me to be his steady girl, and I have lots of friends."

M. still has occasional seizures, usually during the night. Frequently during these seizures she falls out of bed and after the seizure continues sleeping on the floor. During one of her visits she told her mother: "This morning I felt a seizure coming on but decided not to have one."

(2) The Patient's Account

Learning about Parent, Adult and Child has helped me in so short a time.

For one thing I remember I was what you would call a baby when I started my seizures. Until I was about four or five years of age I kept having them. Now I hardly have any. When I found that out, I can prove that sorrows can turn into joys at times. My Adult is working now. For instance, today, April 20, 1965, I went shopping with mother. In the afternoon mother said to me that she would like me to try on some shoes. I said I didn't want to, but went reluctantly to the shoe store. All of a sudden I got a big surprise there too. Kind of unexepected. There was a movie star in the shop. Mother told me, but also asked me not to stare. I said I wished I could meet her, but mother said, "maybe you can someday, but not now." I wanted to very badly. Even though my Child tried so hard my Parent said "No! you are not supposed to do it, so the answer is still no!" I know that long ago if this had happened my Child would have gone ahead without listening to my Parent. I listened to both my Parent and Child even if they're in a bad mood. I also go off by myself, if I can be alone, and think. I ask things like "Should I get after that other person for trying to tell me what to do." Finally my Adult decides and tells my Child her decision. On the evening of the 23rd of this month mother and I went to see "Mary Poppins." When we came back from the show we had a talk. I told my mother about a few things I had done at school and a few

Parent and Child habits I thought I had and was going to try and knock off. My Adult, I was told was well in hand. These were what my Parent and Child habits were: 1. Sucking the thumb; 2. Biting the fingernails; 3. Hitting my head if I can't have my way; 4. Hanging around a person whenever that person is around; 5. Staying away from another person and not talking to her at all.

Last night I asked L. to play cards with me. She said she didn't want to, but asked me to watch T.V. with her. This made me mad, so I went off by myself to think about it. My Adult told my Child that being mad wouldn't help, so I stopped being mad and went to watch T.V. with her.

I asked mother the meaning of "grimace." When mother wrinkled her nose at me I scowled. Mother asked if my Child felt she was making a face at me. Then I laughed and said, "Yes, but my Adult knows you weren't."

(3) An Anecdote from the Patient's Mother

M. was having some hems adjusted before returning to school. Her mother asked her to come into another room where pinning the hems would be more convenient. M. drooped and started to grumble and sulk. Her mother said, "Your angry Child just came in and I can't pin a hem on an angry child. Let me know when your Adult is ready." M. went to the window and turned her back, muttering to herself for a few minutes. Presently she returned and attempted to draw her mother into an argument. Her mother said she wasn't going to argue. M. had two choices; she could bring her Adult to have her hems adjusted or she could take the unadjusted hems to her room, leaving her with three unhemmed skirts. After a few more moments she announced she was ready and the hems were pinned without incidents.

LETTERS TO THE EDITOR

On Punishment

Dear Sir:

Interviews with parents in an outpatient children's psychiatric clinic revealed that many youngsters were spanked with a belt, stick, etcetera, rather than through direct contact with the parent's hand. One worker observed that out of aproximately 350 families, less than 5 volunteered the information that the children had been spanked by hand.

Can this vignette of life be indicative of a family's general orientation to people? Is the use of an intermediary object in punishment subtly connected with the development of emotional disturbance? What are the implications in terms of intimacy?

Yours very truly,
Jean R. Fowler (ACSW)

On Love and Hate

Dear Sir:

I have crayoned a note from my 9 year old daughter: "Dear mama, I hate you. Love, Kate." I think this is a good example of adaptation.

Yours very truly,
Margaret Northcott (M.A.)

A LIVING SITUATION

"DON'T KILL YOURSELF YET"

Cyprian St. Cyr

R. Horseley, the sage of the Ozarks, once heard that Lastborn Snodgrass, the sixth of the twelve Snodgrass children, had decided to kill himself. Horseley took him to see Dr. Quillet, the only educated man in Cherokee County, a psychologist who was there to study the Indians.

"I'm going to kill myself," announced Lastborn.

"You're going to kill yourself," said Dr. Quillet.

"Right now," insisted Lastborn, unlimbering his Springfield rifle.

"Right now," said Dr. Quillet, as Lastborn propped the butt against a wall and leaned into the barrel with his belly. "Oh, wait a minute, son. Don't kill yourself yet. Our present knowledge of how to prevent suicide is inadequate and further research is required, but it's being done right now in New York under a one year grant from the Ozark Foundation. It's a large grant, too. So why don't you wait until next year, and by then I'm sure we'll know how to prevent suicides, and then we can prevent yours."

"OK, Doc!" said Lastborn, slinging his rifle back over his shoulder.

"How come you agreed with him so quickly?" asked Horseley.

"Quillet is a sucker," said Lastborn. "On his system, I can live forever. You just wait and see."

And sure enough, every year Lastborn went back and said to Dr. Quillet: "Your present knowledge of how to prevent suicide is inadequate," and Dr. Quillet replied: "Our present knowledge of how to prevent suicide is inadequate." And Lastborn said: "Further research is required and is being done right now in New York," and Dr. Quillet said: "Further research is required and is being done right now in New York." And Lastborn said: "And in another year you'll know how to prevent my suicide." and Dr. Quillet answered: "And in another year we'll know how to prevent your suicide." And Lastborn said: "So I should wait another year," and Dr. Quillet answered: "So you should wait another year." And in this way, as Lastborn predicted, he was fair on his way to living forever.

Question: Who is the sucker?

LATE FLASHES

William J. Collins, M.S.W., will give an Introductory Course in the Los Angeles area (Temple City) on Monday evenings starting July 19. For information, call 285-2128, or write him at 4619 North Rosemead Blvd., Rosemead, Cal.

Due to pressure of outside matters, Dr. Robert Goulding of Carmel is resigning from the ITAA. This leaves a vacancy in the Vice-Presidency and also on the Board of Directors, as well as in the Chairmanship of the Monterey Peninsula Transactional Analysis Seminars, so that his loss will be keenly felt.

EXTRA-MURAL ACTIVITIES

This was an exceptionally active quarter for teaching and presentations. Besides the regular activities at Langley-Porter Neuropsychiatric Institute, McAuley Clinic, Vacaville Medical Facility, and other places in the Bay area, formal teaching began in Sacramento.

TA at the APA

On Tuesday, May 4, the ITAA sponsored a panel at the Annual Meeting of the American Psychiatric Association at the Hotel Americana in New York. On the program this was entitled "Transactional Analysis of Therapeutic Maneuvers: Pitfalls of Psychotherapy." It was essentially a discussion of games played by therapists. Each discussant was limited to ten minutes which kept the proceedings crisp and the audience interested. Eric Berne opened the meeting with a brief outline of elementary theory as background. John Dusay then related a clinical example of "How To Decline I'm Only Trying To Help You," followed by Kenneth Everts who related the evolution of a money game by a wealthy patient who sponsored a group for clergymen. Barbara Rosenfeld described some observations in a pediatric out-patient clinic which demonstrated the potential value of TA for pediatricians instructing mothers and fathers in infant feeding. Alfred Wood gave examples of various games attempted in his groups, and Solon Samuels read a witty paper comparing his experiences before and after he used TA. Zelig Selinger closed this phase with a paper on his observations of how therapists tend to become involved. A lively discussion from the audience followed.

The ITAA Hospitality Suite in the hotel opened Tuesday afternoon and remained active until Friday. The contingent from the SFTAS acted as hosts, while some of our eastern lady members acted as hostesses, including Mary Michelson, Barbara Rosenfeld, and Mary Wallace Boulton. The lively proceedings gave our members an opportunity to become acquainted with many new people from various parts of the country.

TA at the Golden Gate

About 25 members from the Western branches of the ITAA were on the program of the Eighth Annual Scientific Conference of the Golden Gate Group Psychotherapy Society held at U.C. Medical Centre in San Francisco on June 12, 1965. Franklin Ernst, as President of the GGGPS, gave the welcoming address and also read a paper on "Listening in Groups." The activities specifically oriented toward TA, besides Ernst's paper (discussed by James Yates), were: a paper by Harry Burdick (Monterey) "Towards a Theoretical Formulation of Transactional Analysis" (discussed by Stephen Karpman of Oakland); an Introductory Panel on TA (by members of the San Francisco TA Seminars); a Panel on "Group Psychotherapy with Adolescents" (by members of the Monterey Peninsula TA Seminars); and a Workshop on "Group Therapy in Corrections" (given by some of our members from farther south). Our temporary headquarters consisted of a booth manned by Anne Garrett where people could leave messages and get information about TA. After the meeting several non-members joined us for a Levantine dinner, followed by a party at our San Francisco headquarters.

TRANSACTIONAL PUBS BOOK LIST

Transactional Pubs has been put on a more business-like basis with professional book-keeping and shipping, and is expanding its activities to include other carefully-chosen books of value to transactional analysts. An order envelope is included with this Bulletin.

Now Available

Transactional Analysis in Psychotherapy. Paperback. The basic text for transactional analysts.

The Structure & Dynamics of Organizations & Groups. Hard cover. The transactional theory of group dynamics, and its application in the therapy of ailing groups. "Of great interest and importance to those people who teach groups, lead them, record or observe them, or just participate in them." (American Psychiatric Association Bulletin, February 1965).

Games People Play, Limited Edition. Hard cover. The theory of transactional games, with a thesaurus of games and pastimes. This is TAB Supplement No. 2 put out by Transactional Pubs. It is the same as the trade edition, except that it has a special title page. It is particularly attractive to those who like limited editions.

Outline for an Introductory Course in Transactional Analysis and Social Dynamics, TAB Supplement No. 1, is now available for those teaching this subject clinically or academically. 13 pages in mimeograph, interleaved with blank foolscap pages for instructor's notes, giving topical headings for a course of eight lectures. It is also helpful as a guide to those taking an Introductory Course.

Condensed Introductory Course in Transactional Analysis, TAB Tape Supplement No. 2. Four lectures given at the Second Summer Conference, 1964. Four hours, 3 3/4 ips., professional recording. (In preparation).

Conjoint Family Therapy, by Virginia Satir. Paperback. Contains a concise summary of clinical communication theory as practiced by the Palo Alto group, as well as much information and many acute observations concerning family dynamics. Written clearly, creatively, and informatively, it draws attention to many of the author's new and valuable insights in this field.

Layman's Guide to Psychiatry & Psychoanalysis, by Eric Berne. Paperback. A simple and readable introduction to the principles of psychoanalysis, with a survey of the field of clinical psychiatry. Originally published as **The Mind in Action.** "It presents succinctly the dynamics of the development of personality in health and in illness . . . To our knowledge this book is the best of its kind." (Psychoanalytic Quarterly, 1948).

Transactional Pubs, P.O. Box 156, Mount Eden, California 94557

First Executive Congress

The First Executive Congress of the ITAA was held at Rancho Del Monte in Carmel Valley on March 27-28. Nineteen Directors and Clinical Members attended to decide on general policies of the organization in various spheres. Among the matters discussed were the following:

Membership The classes of membership were verified as Associate (on payment of fee), Regular (on completion of authorized Introductory Course) and Clinical. The standards for Clinical Membership will be raised as occasion arises. If indicated, a fourth class, Research Membership, will be offered to qualified non-clinicians. The Condensed Introductory Course given at the Annual Summer Conference does not qualify for Regular Membership.

Teaching Methods of teaching TA to small groups and to large audiences were discussed. To prevent misuse of the "Teaching Outline" by unqualified people, it was decided to undertake some revisions and to eliminate the word "Teaching" from future editions. Sales of teaching tapes should also be screened.

Theory Various forms of opposition to TA were discussed: "It's too simple," "It's too complicated," "It's new," "It's old," etc. What can be done about institutional opposition, so that in some cases residents have had to "bootleg" it into their clinics. Recent advances in theory were outlined.

Publication The need for good scientific writing, free of neurotic apologies and evasions, and the desirability of good English, were stressed. Members should try to publish in outside journals, with an abstract for the Bulletin. Some people get uneasy because our members get along well with each other, leading to a charge of "clannishness." This can be allayed if we attend other meetings and make it clear that any professional person can join the ITAA.

Research Our research should be oriented toward getting people well, and not getting them "better" or merely "making progress." *Therapy* should be similarly oriented.

Meetings Improvements in the Seminars, the Summer Conference, and our presentations at the AGPA and the APA were devised. TA should be made more available to industry. The Seminars should be more strictly limited to TA, as there are other places for discussing other matters. With tape presentations, no more than 30 minutes of tape should be played, in order to leave time for discussion.

Those attending, some with their families, were: Berne, Bickel, Boyce, Burdick, Collins, Concannon, Courland, Dusay, Enos, Ernst, Everts, Goulding, Haiberg, Harris, Kanevsky, Karpman, Kaufman, Kupfer, Poindexter.

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINARS

Seminar 202, Transactional Analysis in Clinical Practice, will continue meeting every Tuesday evening at 8:30 p.m. at the office of Eric Berne, M.D., 165 Collins Street in San Francisco. (Go out Geary and turn right three blocks past Masonic.) Professional visitors are welcome. It is suggested that they check in advance by telephone, WA 2-3893, and they are requested not to arrive before 8:20 p.m. There is no fee for this Seminar, but regular visitors are invited to become Members of the SFTAS. There will be no meetings in the month of September.

FALL INTRODUCTORY COURSE

The next Introductory Course in Transactional Analysis will start in San Francisco at the end of October, 1965. It will run for seven weeks on Wednesday evenings at 8:30 p.m. It is open to those with a degree in the medical or social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university or college. Advance registrations will be accepted by the SFTAS at Box 5747, Carmel, California. Notices will be mailed out as soon as dates are set.

101-0

The Winter Introductory Course was held in San Francisco from February 10 to March 24. There were over 30 enrollees, including psychiatrists, psychologists, social workers, nurses, correctional officers, clergymen, and teachers. The graduation party was held at the Steam Beer Brewery through the courtesy of the owner. This was a costume party, and was one of the most picturesque gatherings in the history of the Seminars, with a few old-timers showing up to renew their acquaintances.

SACRAMENTO BRANCH

The first Introductory Course in Transactional Analysis given in Sacramento was held in the Auditorium of the Sutter Memorial Hospital, April 2-May 27, under the joint leadership of Drs. Thomas Harris and Gordon Haiberg. Over 50 people enrolled, thus paving the way for the establishment of an advanced Clinical Seminar in that city.

* * *

GEORGE

(Our sponsored orphan in Crete)

George has been ill and so unfortunately has been unable to write us a letter in English. "Even on Xmas day I was in bed and the doctor came several times. Mother took me to the town hospital for the tonsillectomy. We paid 400 drs. for medications (about $13) and the doctor fees and 600 drs. (about $20) for the operation. The doctor's name was Theodorakis. On New Year's day a child disguised as Santa Claus came to see me and he gave me a nice book . . . When I go to church I will light a candle for you. I am now in grade 4 and I get good marks. Thanks to you I will be a good man."

SUMMER CONFERENCE ON TRANSACTIONAL ANALYSIS

The Third Summer Conference on Transactional Analysis will be held on Saturday and Sunday, August 28 - 29, 1965, at the Mark Thomas Inn, 1300 Fremont Street, Monterey, California. The program will be in two, possibly three sections. The Conference will begin at 9:30 a.m. on Saturday and end at 2 p.m. on Sunday.

Section I. INTRODUCTORY WORKSHOP

An intensive Introductory Course (102) for beginners consisting of didactic lectures (Berne) and small group discussions with experienced leaders. This is open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields; to graduate and undergraduate students in medicine and the social sciences; and to teachers, correctional officers, and clergymen. (Note: This is not the 101 Course which qualifies for Regular Membership in the ITAA).

Section II. CLINICAL PANELS

This is open to those who have had an Introductory Course (101) in transactional analysis, or its equivalent. There will be approximately seven panels, each lasting about an hour and a half.

A. TA in Hospitals and Clinics (Chairman: Horowitz).

B. TA in prisons (Chairman: Collins).

C. TA with Youth and Youth Groups (Chairman: Kupfer).

D. TA in Medical Practice (Chairman: Ernst).

E. TA in Family Counselling (Chairman: Haiberg).

F. Training Transactional Analysts (Chairman: Poindexter).

G. Research in TA (Chairman: Steiner).

Anyone having a paper to present on any of these subjects is requested to send an abstract in duplicate to the Chairman, Program Committee, ITAA, Box 5747, Carmel, California.

Section III. PAPERS

A separate section will be organized, if practical, for those who wish to present separate papers on any topic pertinent to transactional analysis. Abstracts in duplicate should be sent to the above address.

* * *

In addition there will be a buffet dinner party and other social activities. Families accompanying those who are attending will find ample opportunities for recreation and sightseeing, including a golf course and a heated swimming pool. The Committee will try to arrange for baby-sitters if notified in advance.

COSTS

Registration and attendance fees for the Clinical Section will be $10 for members of the ITAA and $15 for non-members. The latter will automatically include Associate Membership and a subscription to the Transactional Analysis Bulletin. Registration and tuition fees for the Introductory Workshop will be $40, and will likewise include Associate Membership and a subscription to the Bulletin. Accommodations should be arranged directly with the Mark Thomas Inn, 1300 Fremont Street, Monterey, California. Room prices are $24 per day for a single room and $38 per day for a double, American Plan, including breakfast, lunch and dinner. Meal tickets will be available for participants who are not staying at the Mark Thomas. It is advisable to make reservations ahead of time.

Those planning to attend are requested to send in their registration fees ($10, $15, or $40, according to category) together with the registration form below. Checks should be made out to the ITAA. Advance registration will assist in planning. (Please note that only registration and tuition fees should be sent to the ITAA. Checks for accommodations should be sent directly to the Mark Thomas Inn.)

EXTRA FLYERS

Separate notices will be sent out announcing this conference. Anyone desiring extra copies of these flyers for distribution or organizational notice boards may obtain them by writing to ITAA, Box 5747, Carmel, California, 93921.

To: International Transactional Analysis Association (ITAA)
Box 5747, Carmel, California, 93921.

I am planning to attend the Summer Conference. I will arrive

Friday evening ☐ Saturday morning ☐

I will be staying at Mark Thomas ☐ ☐ Other.....

I enclose Registration and Attendance fees Amount

Introductory Workshop ($40) . . . . . $.....

Clinical Sections (members $10, non-members $15) . . . . . $.....

Name (please print) .....

Address .....

City ..... Telephone.....

Degrees ..... Affiliation.....

Names of others in party and ages of children, if any .....

.....

.....

If Baby-sitter is desired, please give details

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, clergymen, and educators. The teaching is primarily oriented toward group therapy and group work based on transactional analysis, and research in social dynamics. The Association is now in its eighth year, and is entirely self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Societies are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible to attend. Qualified people are always welcome to visit the meetings of the Seminars and Societies. They can become Associate Members of the ITAA by filling out the application blank below, and are cordially invited to do so. They may become Regular Members after taking a complete Introductory Course or its equivalent, and may apply for Clinical Membership after sufficient training to meet the standards of the Membership Committee.

All classes of membership include the following privileges: (1) Subscription to the Bulletin (2) Entree to Seminars and Societies when travelling (3) Hospitality of the temporary ITAA headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences (5) Listing in the Annual Geographical List of Members.

Those desiring Associate Membership and a subscription to the Bulletin (or Regular Membership if eligible) may fill in the coupon below and enclose the membership fee. Subscriptions to the Bulletin are available to institutions and libraries at $5.00 per year.

Please advise us of change of address. Use the coupon below to apply for membership or to renew it when it falls due. Please enclose membership fee.

Send to: T. A. Bulletin, P. O. Box 156, Mount Eden, California, 94557

Please enroll me in the International Transactional Analysis Association as a

Regular Member ( ) ($10) Associate Member ( ) ($10)

For those residing outside North America the membership fee is ( ) ($ 5)

Name: _____

Address: _____

_____

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(For Regular Members) Introductory Course taken at _____

International Transactional Analysis Association

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TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 4 OCTOBER 1965 NUMBER 16

SCIENTIFIC PROCEEDINGS

SAN FRANCISCO - - - - - - - - - - **67**

MONTEREY PENINSULA - - - - - - - - - **72**

SACRAMENTO NOTE - - - - - - - - - **73**

CLINICAL NOTES

ALCOHOLIC "INSTANT THERAPY" - - - - - **74**
S. Karpman

THE ORGASM GAME - - - - - - - - - **75**
L. Maizlish

LANGUAGE

PSEUDOCOMMUNICATION - - - - - - - - **76**
T. Mikuriya

TRANSLATING "DELINQUENCY" INTO TA - - - - **79**
P. McCormick

A LIVING PROBLEM - - - - - - - - - **80**
C. St. Cyr

THE PUBLIC EYE - - - - - - - - - - **81**
E. Berne

NEWS FROM THE EAST - - - - - - - - - **82**

OUT WEST - - - - - - - - - - - - **83**

CONFERENCE PROCEEDINGS - - - - - - - - **84**

PUBLICATIONS AVAILABLE - - - - - - - **85**

EXECUTIVE MEETING - - - - - - - - - - **86**

EDUCATIONAL ACTIVITIES - - - - - - - - **87**

TRANSACTIONAL ANALYSIS BULLETIN

published quarterly by the

International Transactional Analysis Association

and its affiliates

A Non-profit Educational Corporation

VOLUME 4 OCTOBER 1965 NUMBER 16

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. A membership registration blank will be found on the back cover of each issue. For institutions, libraries, and individuals not desiring membership, subscription is $5.00 per year. Subscriptions and enquiries should be addressed to Transactional Analysis Bulletin, Box 156, Mount Eden, California.

Contributors

Articles, clinical notes, news items, and other pertinent material should be addressed to the Editor at Box 5747, Carmel, California, 93921. They should not exceed two double-spaced typewritten pages in length, except by special arrangement.

Advertising

Rates for classified and display advertising will be submitted on request. The Bulletin reaches a select audience of professional people.

Editorial and Circulation Assistant, Anne Garrett

The International Transactional Analysis Association

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Box 5747, *Carmel, California,* 93921

The abstracts below are written for professional readers who are assumed to be familiar with the principles and language of transactional analysis.

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINARS

June 29. John Dusay: "Does This Patient Need Further Treatment? (Tape)

Dusay's group was terminating because he was taking another job. One patient, "Honey" (TAB 4: 27, April 1965), had been in therapy at this same Institute for more than ten years, having been hospitalized many times and having tried all usual types of treatment. She persisted in maintaining her "chronic" state by playing "Why don't you, yes but" and "Wooden Leg." The seminar was impressed that even though she occasionally seemed to talk in an adult way about her situation, her archaic Child ego state programmed her behavior in the therapy group. Stimuli from other group members provoked a high pitched, excited tone in her voice indicating the thrill she received from being "fondled" in the meetings. This explains why she did not have to be re-hospitalized for more than two years; on the other hand, it is quite probable that she would present herself in an even more archaic Child state if she were denied this thrill.

(Author's Abstract)

June 22, July 13, 27, August 10. Eric Berne: "Getting Well in a Treatment Group."

Berne presented orally the proceedings of a treatment group where the goal was to get well (as distinguished from a "therapy group" where the goal is to make "progress").

All the members of the group concurred in the goal of getting well rather than making progress, and all spoke or were rapidly learning "Martian," the jargon of TA. They had all thrown away or were struggling out of their "sweatshirts." A with sweatshirt "Nobody Knows the Trouble I've Seen" was now willing to tell his troubles, and they were present troubles rather than past ones; he was also becoming interested in how he told about them, which the group told him was more important than the troubles themselves. B had been presented in early childhood with a shirt from her mother reading "All Men Are Awful." She was now considering returning the gift, which bound her to her mother, and going her own way. Her question was what would she do without a mother. Her mother had also instructed her "Try to solve unsolvable (mystical) riddles." She was now willing to consider solvable ones, such as how to become a non-schizophrenic. Her Child had been "shut in the closet" since early years, and now for the first time her Child was beginning

to "talk" to her, saying "I am not allowed to solve anything. Couldn't I get permission to solve something?"

Two unrelated newcomers to the group had worn beards instead of sweatshirts; they had independently and spontaneously shaved off their beards and emerged as real people to themselves and their families, as well as the group. Without their beards, the other members could see with surprise that they were "real people" and could also see what kind of people they were. C had given up playing "Ain't It Awful" and was sitting on her lily pad trying to decide whether she had permission to jump out of her frog skin and become a princess. D's sweatshirt had read "Tempus Fugit." She was now able to talk at a normal rate of speed instead of hurrying, listened more patiently, and wanted to learn how to become a princess instead of waiting irritably for Santa Claus to hurry up and make her one. E just sat and listened, wishing she were a princess instead of a frog, hoping some day to get permission from the group to enjoy what life had to offer. Her mother, however, was still more powerful than the group. F had taken off her "I'm Only Trying To Help You" sweatshirt. At times she forgot to feel frightened, passing up pale "scared" stamps in favor of gold "well done" stamps. She was changing jobs from where she was only trying to help people to one where she could really do something for them, and was making corresponding changes in her personal life.

The exploratory aspects of the proceedings revolved around early experiences with parents who had not given the patients permission to succeed, who had forbidden them to talk, who had instructed them how to feel, who had deceived them sexually, or who had raised them to be frigid, impotent, or schizophrenic.

July 6. James Horewitz: "Death of a Son."

Horewitz presented a tape of a marital group. M & F's teenage son had died nine days previously after a prolonged illness. M felt he was still around somewhere. His two brothers turned on the compressor which had kept the dead boy alive for many months and "it sounded great." "We did the best we could." The sick boy used to reassure his mother like a psychotherapist, telling her she was doing her best. During the group meeting, children could be heard playing outside the office, but no one in the group mentioned this. Horewitz's question was: "What would be worthwhile saying to this couple?" M talked a good deal, fighting to keep her Adult in control. After fifteen minutes, F interrupted to say he liked the hairdo of another patient, at which the group changed its mood and began laughing about various things. Horewitz told the couple he was glad a social worker had made it to the funeral so that the clinic was represented.

It seemed that M, the mother, would not "let go" of her son, while F, the father, was able to do so. This indicated that their mourning processes were different and this difference would be important in the coming months. Probably M would go into a depression when she did let go, while the father would ride it through with few overt reactions.

July 20. James Horewitz: "Contract and Permission."

This was another tape of the group previously presented (July 6).

D said he came only because his wife wanted him to. He accepted all interpretations and said he didn't need any support. The question was how to get a therapeutic contract with him. The Seminar suggested: "It's nice that you don't need any support. Why are you here?"

Horewitz asked another member if she had seen her father's or grandfather's penis. She denied this at first, but the group gave her permission to talk about the fact that her grandfather used to expose himself, and she then talked freely. This illustrated that a TA group offers a chance to combine the values of individual therapy with the advantages of conventional group therapy. The goal is not to "do group therapy," but to get people well. Hence the TA therapist must be and can be bolder than the conventional "psychoanalytic" group therapist.

August 3. Stephen Karpman: "Instant Group Therapy."

Karpman discussed his experiences in treating alcoholics who were held in a county hospital for a day or two pending other disposition by the Court and other agencies. There was time for only one group session, and many of the patients were in delirium tremens of varying degrees. He found that conventional or formal transactional group therapy were of little value, as the patients' attention wandered and the delirious ones kept hallucinating. By experiment, he discovered a way to hook the Adult or pseudo-Adult in the patients to such an extent that they could listen attentively and the delirious ones stopped hallucinating during the session. The latter was such a striking phenomenon that it indicated further thought and investigation in itself. The successful program was to stick to questions and answers which the patients were familiar with from their numerous adventures with helping agencies. He found a certain optimal order which worked so well that at the end of the session he could accomplish what he had set out to do, which was to get them to listen to his suggestions for further treatment at other agencies. Any variation or omission from this order diminished the effectiveness of the procedure.

This was a game because the therapist, while ostensibly giving or eliciting "real" and "spontaneous" answers, was actually demanding the "right" (i.e., the banal or conventional) answer, simply because any "new" answers disconcerted the patients and resulted in discursiveness and hallucinations. On occasion a patient would expose the game ("These are all rationalizations") with good results. It is similar to "Tell Me," in which a teacher asks a question and the pupils all know that they are supposed to give, not necessarily the best answer as they see it, but the answer the teacher has in her head, so that they get stroked for guessing correctly rather than for learning well.

The procedure has become so standardized that it can be taught quickly to all ward personnel, and with a simple aid almost anyone can do it effectively. The aid is a card with the patients' names on one side, and the subjects in proper order on the other. (The ingredients of this program will be found on page 74 of this issue.)

August 10. Herbert Courland: "Learning Theory and TA."

Learning depends on the pre-set of the Child, as influenced by the Parent. A Parental "reward" in the sense of learning theory is equivalent to transactional "permission."

August 17: Claude Steiner: "The Psychological Functioning of the Child."

The Child ego state differs from other human phenomena in that it is not amenable to study, in vivo, through introspection. Since objective evaluation is a function of the Adult, an investigator cannot observe the Child in himself, but at best, the fading memory traces of the experiences of a previous Child ego state. These traces are misleading since they are perceived through the Child's eyes and are not actual events but memories.

The study of the Child is best accomplished through the observation of children and Child ego states. Child ego states are observable not only in everyday interaction, but also in psychotics, and primitive man. The study of the Child has been greatly advanced by the writings of Heinz Werner on primitive modes of perception and cognition, while the most detailed description of the perception and cognition of the Adult has been made by Jean Piaget.

The most characteristic aspect of Child functioning is syncretism. Syncretism is the perception of an event as occurring not outside of the ego-boundary with the ego as an observer, but as part of the ego's activity. The Child experiences only in this way and to him all experience is activity, including not only environmental activity but all other internal (emotional, proprioceptive, etc.) activities that occur concomitantly. This is, for instance, the basis for projection; the Child's experience of a hated object does not distinguish the source of the hate.

As certain external experiences are separated from the internal response to them, the Adult forms, the Adult being in essence a codification of the events and laws of the external world.

The Adult develops as the organ that is essential for dealing with external reality whenever an aspect of the world is so codified that predictions can accurately be made. Such codifications have to be free of internal variables to be effective predictors.

Originally all experience is syncretic: all experience is accompanied by the internal activity which becomes part and parcel of it. Thus all external objects are experienced as live or animated. As certain aspects of the environment are codified and become part of the Adult they also simultaneously lose their animated qualities. Simple objects are codified early in life, some are biologically codified previous to experience; these are the anlage of the Adult (sucking, and eye following movements). More complicated objects are codified later, or in some cases (for example, other human beings), they are seldom or never codified. The therapist's Adult to be effective must have codified human behavior, therefore seeing at least some aspects of people as inanimate and essentially mechanistic.

(Author's Abstract)

August 24. John Wright: "Psychoanalytic Theory and Transactional Theory."

Wright's main thesis was that Freud talks about "forces," while transactional analysts deal with "ego states." Berne then illustrated this thesis with clinical examples from a group meeting.

August 31. Review of Summer Conference.

This was the final meeting of the season. It is desirable to keep all sessions of the Summer Conference crisp and informative. It was decided to keep the three sections: Introductory, Clinical Panels, and Papers; and to have an Executive Meeting each year at the Conference, since that is when members gather from all over the country. The Editor of the Bulletin pleaded earnestly and humbly for people to write their contributions in double space, with wide margins, on 8-1/2 x 11 paper, with proper spelling and grammar, and oriented toward our general readership rather than to any local group. If they did not meet every one of these requirements, then the Editor had to rewrite them on his own time, which might make some people glad but it made him sad. The Seminar then proceeded to a clinical presentation.

* * *

OBITUARY

ELSA GORDAN BICKEL

Elsa Bickel died on Sunday, July 25, 1965. For two years she had attended the weekly meetings of the San Francisco Transactional Analysis Seminars with unfailing regularity, so that she became well known to dozens of our members. She was notable for her acute and well-thought-out clinical remarks during the scientific sessions. She was particularly beloved for her easy sociability, her unfailing good-nature, and her sparkle during the informal sessions and field trips which followed the meetings, and few knew that she suffered any physical disability. Those who did were prone to forget it because she seemed to have an inexhaustible supply of cheerfulness and energy which she gladly devoted to organizational as well as scientific and social sessions. It was our privilege to have enjoyed her company during this period, and an even greater privilege that she seemed to enjoy ours, so that we may think that in some measure we contributed to her last years of happiness. The Tuesday before her death she had gone out with some of us for our talkative midnight snack, and was in her usual good spirits. The announcement of her death was a complete surprise and a stunning blow, particularly to those of us who knew her well. We shall not easily forget nor fill her place in our affections and in our image of our gatherings.

August 6, 13. David Kupfer: "The Creative Artist".

The seminar invited four representatives of the creative arts to discuss their creativity in the framework of transactional theory. The artists were experienced in transactional analysis and were successful in their chosen fields. The group consisted of two painters, one actress and one theater director-actor. The seminar was interested in (a) the functions of the natural Child as compared with the adapted Child. (b) the function of the Parent in the artist, and (c) the importance of getting strokes from the audience. There was unanimous agreement that the artist whose Parent encourages and supports the curious and creative Child is more likely to enjoy his art productions and be successful. John, a painter, explained that he had always wanted to draw and paint since early childhood and had been discouraged by his father who thought "painting was for bums". It took three years of transactional analysis to free John from this Parent. Since his therapy he was free to let his creative Child "produce" and he has become much more successful than ever before. Kupfer raised the question how many actors chose this field to be able to experience pseudo-intimacy on the stage as a substitute for the avoidance of intimacy in real life. Rita, the actress, felt that those acting primarily for the stroking from Parents in the audience usually remain mediocre actors and are difficult to work with. Kupfer proposed that in the truly creative artist the Parent, Adult and Child work in harmony: i.e., (a) the Child is free to experience intuitive and creative thoughts, (b) the Adult says "Let's see what we can do with it," and (c) the Parent encourages it by saying: "Good boy (girl), go ahead!".

(Author's Abstract)

August 20. Robert Goulding: "Alcoholic and Debtor".

Goulding discussed the resemblance between the Alcoholic Game and the Debtor Game. Each requires a player, and one or more tormentors; and usually a rescuer as well. Often the person moves from the game of Alcoholic to the game of Debtor when he discontinues the intake of alcohol, with the same players involved in the rescue (doctors who help him sober up and then lend him money and don't collect their bills, or ministers who do the same). Often the spouse who "tormented" becomes the one who spends more money than is available, thus giving the game player the apparent choice of sobriety and debts, or drunkenness and destitution. Working through the debtor game is just as difficult, or even more difficult, than working through the alcoholic game. If the alcoholic player is pushed to stop drinking, he drinks more; if the debtor is pushed to pay his bill, he gives promises, but increases his debt.

The antithesis of laughing at the player who owes money may give satisfaction, but it does not collect the bill. Goulding proposes a hard approach for cash or equivalent, plus a constant focus on the game *as* a game; leading the patient to pay bills, and keeping the similarity of the two games always foremost. He can promise that the freedom from torment will be as joyful to the Debtor as it was to the Alcoholic.

(Author's Abstract)

September 3. Jay Goodwin: "A Prison Group".

Goodwin presented a recording of the 17th meeting of a prison inmate group, and asked the Seminar members for their ideas on: (1) What games Ed was playing, and (2) How he could have been more effective as the therapist with this group. After hearing sections of the tape the Seminar decided that Ed was trying to put Goodwin in the role of a prison official instead of a therapist, perhaps part of "How do I get out of here?" by going into a somewhat detailed explanation of how he had reformed (stopped drinking, started going to church, etc.) between the time he was arrested and his trial. Suggestions were that Goodwin would have been better off to have been more direct in defining his role with the group (that he was a therapist and not an officer), and to have had a more positive, directive manner in stopping games that were inappropriate.

September 10. Jeanne Kanevsky: "A Problem in The Group".

Kanevsky presented a tape of a random group meeting at the Family Service Agency. Her questions to the Seminar pertained to one male group member: (a) how to handle Larry's retreat into confused intellectualizing ("I'm only trying to clarify"), and (b) How could she deal more appropriately with Larry's overbearing Parent. The Seminar suggested that Larry should repeatedly be faced with the fact that he is creating his own confusion (his Parent does not permit the Child to talk honestly about his feelings); and further, that Larry's Parent intimidated Kanevsky's Child. This was indicated by the frequency with which she compliantly answered Larry s questions and by the tentative quality in her responses to Larry.

SACRAMENTO BRANCH, ITAA

The Sacramento Branch of the ITAA will conduct an Introductory Course on Thursday evenings at 8 p.m. There will be eight meetings from October 14 to December 2 in the Seventh Floor Auditorium of the Sutter Memorial Hospital. The instructor will be Thomas Harris, M.D., assisted by Gordon Haiberg, M.D. The fee is $25. It is open to those with the usual professional qualifications, and a Certificate of Completion will be issued upon request. Those who complete this course and are continuing to work with transactional analysis will be eligible to join the Advanced (202) Seminar. For information or application write to Thomas Harris, M.D., Sacramento Branch, ITAA, 5301 F Street, Sacramento 19, telephone 455-3782.

ANNUAL BUSINESS MEETING OF THE ITAA

The Annual Business Meeting of the International Transactional Analysis Association will take place on Tuesday, October 26, 1965, at 10 p.m., following the regular scientific session of the SFTAS, at 165 Collins Street, San Francisco, California. The election of Officers and Directors for the coming year will take place, and such other business as is brought before the meeting will be discussed.

ALCOHOLIC "INSTANT GROUP THERAPY"

Stephen Karpman, M.D.

The following program is used by those who conduct group meetings in a county hospital where alcoholics, some of them in mild delirium tremens, are held for a day or two pending other disposition.

There is only time for one group meeting during each patient's stay. Any variation or omission in this program is found to decrease its effectiveness so that the patients' attention wanders or they lapse into hallucinations during the meeting. The advantage of this rigidity is that the program can be taught to ward personnel so that almost anyone can effectively conduct such a group. (For further details, see page 69 of this issue).

INGREDIENTS

1. FEELINGS (15 minutes)
   - About being in the hospital (mad | glad | unfair).
   - About their drinking problem (discouraged | ashamed).
   - Before they take that first drink (loneliness | boredom | resentment | depression | failure | worry | self-pity | escape | "it's a habit" | "got it made" | "oh, what the Hell" | "for peace of mind" | "I just like it" | for the glow.")
   - Do personal problems and drinking go together?
   - Does it help to understand the problem?

2. ALCOHOLIC (15 minutes)
   - What is the difference between an alcoholic and a heavy drinker? (An alcoholic can't stop after the first drink | loses his job or family | becomes a different person when he drinks | takes an "eye-opener").
   - They say there's an invisible line between a social drinker and an alcoholic . . . can you cross back? (can't be a social drinker again).
   - D.T.'s, cirrhosis and not eating.
   - Alcoholism — disease or habit? (disease | habit).
   - "And then there's the age factor."

3. WHAT TO DO (15 minutes)
   - What does it take to make a person quit drinking?
     (will power | change of friends and environment | a goal, something more important than drinking | a hobby, keep busy, outside interests | self-respect | can you scare a person into quitting?).
   - Antabuse
   - AA, Center on Alcoholism . . . individual, group, and drug therapy.

SETTING

1. Ventilation O.K.
2. Circle of chairs
3. Cigarettes and matches

TECHNIQUE

1. Cover all subjects . . . card with subjects' names on other side
2. Keep "group feeling" . . . cut off drunkalogues; no two questions in a row to one patient; address the total group
3. Get each patient to speak
4. Avoid games . . . "I'm only trying to help," "You've got to listen to me," "Schoolroom," "Courtroom," "Let's talk about your misery," "No problem," Persecutor, Rescuer, or Patsy positions in alcoholic game.

Dr. Karpman is Attending Psychiatrist at Highland - Alameda County Hospital, Oakland, Cal.

* * *

THE ORGASM GAME

1. Leon Maizlish, Ph. D.

This report concerns the "Orgasm Game" (a variant of "If It Weren't For You") among a group of married women. The group at the time consisted of five couples. The husbands met one evening a week and the wives another; every third week they met together. The disclosure of the Orgasm Game occurred in the wives' group, where several of the women discussed their anxiety about not reaching a climax, except perhaps with manipulation by their husbands.

The case of Julia illustrates some aspects of the game. Julia reaches a climax only after post-intercourse manipulation by her husband. She nags her husband about infrequency of intercourse and about his non-enthusiasm. She worries that he may cause her to become frigid. She becomes very anxious when she does not achieve an orgasm. Eva told Julia how she overcame her sexual difficulties by the aid of individual therapy. To wit: she decided to strive for orgasms only on restful weekends and holiday occasions and to enjoy the other sexual contacts for the love-making entailed without concern about reaching a climax. Before long she was able to reach a climax without having her husband resort to manipulation.

We all agreed that worry about orgasms can become an obsession, and that Eve's experiences contain a model for counteracting the obsession.

In the following session, when the husbands and their wives met together, they discussed the matter again. Julia said that after the previous group meeting she did not strive for an orgasm, and suggested to her husband that he not resort to manipulation after intercourse. What unexpectedly happened for the first time in years, was a simultaneous reaching of a climax. But immediately after intercourse, Julia became very angry at her husband, arguing (in terms of a self-fulfilling prophecy) that he would again lose interest.

Julia's need to sabotage, and her Child taking over, was then taken up by the group. The ulterior transaction was analysed as follows:

Husband	*Wife*
Social level (Child): "You are accusing me falsely"	Social level: "Why are you not going to remain adequate?"
Psychological level (Child): (In keeping with fears of facing himself in therapy: "Keep accusing me, so I can stay angry at you").	Psychological level: (In keeping with fears similar to his: "Keep things as they are, so I won't have to face my role in our sex problems")

Six weeks and a number of orgasms after the "Orgasm Game" session Julia presented in the wives' group a sequence of two dreams: (1) She dreamt about pleasant intercourse with her husband. (2) Two of her three children were swimming. She saved one that was in danger but wondered if she could do it again when needed.

I suggested that the pleasure dream had aroused some ambivalence and therefore, as witnessed in the second dream, she wondered whether she could remain independent and sufficiently powerful to rear the children on her own. She said that she had mixed feelings about her husband's taking care of the children — especially when he did it well. This may be the origin of some of her reluctance to have an orgasm, a retreat which she blames on her husband.

Dr. Maizlich is Director of Training at the Flint (Michigan) Mental Health Clinic.

PSEUDOCOMMUNICATION

Tod H. Mikuriya, M.D.

In some groups there appear to be certain modes and conventions of communication implicitly required of participants. A "Group Vocabulary" emerges consisting of words and phrases that, by their recurrence, have become cliches within the group. In addition, there is a behavior pattern of requesting a group consensus of feeling. The writer questions the efficacy of these group customs.

A few of the specialized words found in group therapy are as follows: Relate, Feedback, Feelings, Express, Manipulate, Communicate. One of the common features of the above in the context of the group is vagueness and a quality of open-endedness. These terms were probably used originally as an invitation to the therapees to come forth with material that would be useful to the therapist. As more than one or two therapists become involved with running the group and as the therapees become more exposed to group therapy, distortions tend to occur. For example:

FUNCTIONAL GLOSSARY	WEBSTER'S SEVENTH COLLEGIATE DICTIONARY
Relate: Get along with Communicate Interact with "He relates well with the group." "You're not relating." "I was relating with . . ."	1. To recount; narrate 2. To connect or bring into relation; to establish relationship between. To stand in some relation; To pertain.
Feedback: Receiving information or opinions on my behavior from others or another. "He received feedback that he . . ."	1. The return to the input of a part of the output of a machine, system, or process. 2. The partial reversion of the effects of a process to its source or to a preceding stage.
Negative Feedback: Receiving information or opinions from others that my behavior was disliked by others or another.	
Feelings: Opinion(s) "I think the group has some feelings . . ."	5. Any emotional state; emotion; as, a kindly feeling; also emotional responsiveness. 6. Formerly, opinion: now, unreasoned opinion, sentiment.
Express(ing): Said, says, saying, tell, told. Showed, shows, showing. Communicating. "He expressed that . . ." "You're not expressing yourself."	2. To represent in words; to state; to make known; to exhibit. 3. To delineate; to depict. 4. To make known the opinions or feelings of.
Manipulate: To con or be conned One-up or be one down Achieve ends by devious or sneaky means. " . . . manipulates the group . . ." " . . . he was manipulated by . . ." " . . . he manipulates . . ."	2. To treat or manage with the intellect. 3. To control the action of, by management; as to manipulate a convention; also, to manage artfully or fraudently.
Communicate: Make oneself understood. Relate. "You're not communicating." " . . . doesn't seem to communicate with . . ."	1. To impart, or convey. 2. To make known.

In order for a participant to function within the group he must quickly learn the specialized usages of those oft-used words and phrases, If he doesn't, he either tends to become the recipient of group pressure to conform or his contributions go unrecognized (which, perhaps, is another form of group pressure). This tends to obstruct the perceptions of the therapists to material which in fact may be quite significant. Another dividend of learning the vocabulary of the group is that the therapees very quickly learn how to use it for parrying inquiries on the part of the therapists.

It is even more confusing when the staff starts using these words on one another. These transactions can easily deteriorate into a morass of vagueness and noncommunication when both the patients and the staff make use of them, so that important issues and problems become completely "fogged in.'

The second point of this paper is concerned with a common group technique - the *request for consensus of feelings* (RCF). This takes the form of a question asked of the group: "I wonder if the group has any feelings about. . .", or "The group seems to have some feelings," or "I wonder what the group thinks . . ." This, in itself, may be quite innocuous and may lead to some insight into a particular phenomenon before the group at the time. Often, however, during the response to RCF, the discussion becomes tangential. With the invoking of RCF it slides off into other areas, leaving the initial problem unsolved.

A hunger for latent content (depth orientation) may contribute to the confusion when coupled with the RCF approach. This may be especially destructive if the staff begin to attack one another by questioning motivations and making interpretations. Such sessions may not only fail to solve or recognize important problems, but may leave the staff members in a state of general uneasiness from having their psyches dissected and attacked by the group.

Summary

Therapees may exploit special usages to resist disclosure of material that may be significant, especially if the therapist insists on this conventional vocabulary. In effect, this may be teaching the therapees new and better ways to play a wicked game of Psychiatry. The staff may become entangled in its own confusion by using open-ended terms on one another. Certain terminology meant to increase efficiency of communication may, in fact, actually be producing an opposite effect by setting up euphemisms that are used functionally as screens to insight. A *request for consensus of feelings* may also erect barriers to communication and insight into problems, since it often gives rise to tangential discussions. The use of interpretations or motive investigation adds to confusion in recognizing and solving problems as well as contributing to staff uneasiness.

Dr. Mikuriya is a second year resident in psychiatry at the Oregon State Hospital.

TRANSLATION OF "DELINQUENCY" LANGUAGE INTO TA

Paul McCormick, A.B.

Fritz Redl, an expert in residential treatment of problem youths, spoke recently at a local probation department's boys camp. He said he was sure the case folders of wards there do not say what they should do about the boys. He cited youths' characteristics that counselors cannot easily describe.

1. Their "vulnerability to contagion and group psychological intoxication." How long can this boy withstand the heat of a group outburst? When will he join in?

2. The degrees of their "supercharging of reality with too much symbolic valence." Haircuts, manners of dress, tattoos, etc., can have irrational significance for these boys. They are often overly sensitive to a discussion of their tastes.

3. Many have "undifferentiated coping techniques" for anger and fear, and they react in the same way to both emotions.

4. Their reaction to the "phenomenon of the gang behind the chair and under the couch" during an individual interview. Is this boy ever alone, psychologically?

5. Their "high-excitement loading of intimacy, proximity and territorial rights." Can this boy, threatening to run away, be approached or only spoken to at a distance? If touched, will he explode?

6. Their subjection to the "extreme slavery of the dare." No matter how absurd the risk, some youths cannot ignore a dare.

7. Their "problem of inability to deserve," even just rewards. Some kids cannot fulfill contracts. Even after doing their share, they may prefer illegitimate to legitimate payoffs.

8. Their "disturbance in transformation glands," as in the excitement of competition. Hostility or panic flares up, instead of improved performance or eagerness to win.

Redl ended with a call for a method and language to systematize these kinds of characteristics so that kids can be discussed more intelligently, described more accurately, and treated more effectively. Transactional Analysis offers the following possibilities:

1. "Group psychological intoxication" depends on a boy's Parent's and Adult's willingness to let the Child loose in a mob. Parental permission to play Uproar increases vulnerability to contagion.

2. Take Me As I Am players' strategy is to attract attention to outlandish affectations such as hairdos, and then accuse the counselor of being concerned with trifles rather than "the real me," which in fact they want to conceal.

3. Serious collectors of trading stamps (red for anger, grey for fear, etc.) are not choosy about what can give them stamps. The color depends on the psychological racket they are in. They can grab any handy excuse for going to pieces.

4. Drugs or hypnosis can free the Child from the exteropsyche and the neopsyche but it is probably more useful to keep all three psychic organs awake, clarifying their structure and function for the benefit of all three ego states; i.e., the whole person.

5. With some children a grownup's restraining hand on the shoulder means a full book of red stamps, good for one kick on the grownup's shin. An approaching superior may be the last grey (fright) stamp needed for one panicky runaway. Some kids can be described by the color of stamps they collect and the prizes they prefer at redemption time.

6. Dares are exploited by self-destructive kids needing rationalizations for exposing themselves to danger. As an ally of their Parent and Child they may have adopted a gang that plays Chicken, a third-degree, suicidal game. The enslavement is to the Parents who ordered them to get rid of themselves.

7. Accepting legitimate payoffs threatens the Cops and Robbers player's basic position: "I'm no good." Illegitimate payoffs are materially as good as any and psychologically preferable.

8. If kids are working at reinforcing an "I'm not-OK" position, they can't afford winning in healthy competition. Pep-up glands can be trained to trigger panic.

Mr. McCormick is a Senior Deputy Probation Officer at the Alameda County Probation Department.

* * *

A LIVING PROBLEM

"LOOKING AT GRASS"

Cyprian St. Cyr

Between his yearly visits to his therapist, Lastborn Snodgrass, the sixth of the twelve Snodgrass children, used to come and talk to R. Horseley, the Sage of the Ozarks.

"Why do you think I've lost my zest for life?" he asked one evening.

"It's because you don't know how to say 'Hello' " replied Horseley.

"Oh, I know how to say 'Hello,' " protested Snodgrass. "I know just how to con people when I say 'Hello', and everybody likes me."

"Do you know how to look at grass?" asked Horseley.

"Funny you should ask that. Just the other day I was lying in a field and for the first time since I was a little boy I really saw the grass."

"Were you conning the grass?"

"No, that's just it."

"Well, it's just as hard to say 'Hello' as it is to see grass," said Horseley. "Come back in five years, after you've learned to say 'Hello,' and we'll talk about what you do after that."

Question: Which is harder, to say 'Hello,' or to see grass?

THE PUBLIC EYE

Eric Berne, M.D.

"Games People Play" was written as a handbook for transactional group therapists, but because of its readability and its forthright vocabulary it has become a best-seller. This is no reflection on either the author's intentions or the taste of the public, which would like to know how it is structuring its time. People have hinted that it would be good form for the author to express horror at this crass invasion of scientific discipline, but he does not share either what Joseph Alsop calls "the modern specialist's curious loathing for the intelligent general reader," or the feelings of the two psychoanalysts reported to have forbidden their patients to read the book. The worst to be expected from even the most uninformed layman is that he will use the contents as ammunition, and scream at his wife: "You're playing a game!" instead of "You're a slut!" or "You're a hostile, dependent, aggressive, castrating woman!" The disadvantage of these latter epithets is that they are unanswerable, while to the first accusation she can always ask sincerely: "If I am, it might be helpful if I knew what it was. What is it?" The effect in less stressful situations may also be salutory, leading, for example, to less rather than more talk at cocktail parties when people realize that much of what they say is fairly meaningless, as they always suspected but could not decisively demonstrate. And what talk there is will become more basic and less fogged with polysyllables. That these inferences are correct is amply supported by the fan mail, which also reveals real flashes of rapid insight on the part of many readers.

For the author, there are three hazards, and the real purpose of this communication is to discuss those for the benefit of others who may find themselves sometime in a similar position. The first is unavoidable, the second is perhaps better not avoided, and the third consists of optional confrontations which he can decline on the grounds of agoraphobia or accept like a walking man to see what they can do to him.

(1) Once he signs his contract, he has put himself in the hands of the publisher as far as advertising is concerned. If their relations are good, the publisher will submit the advertisements in advance for his approval, and may even consent to make minor changes, but the author cannot push this goodwill too far without finding himself in trouble. He also runs the risk, however, of interlopers. For example, an individual bookseller can advertise the book as he sees fit, and the author has no comeback. One such advertised "Games People Play" in a very suggestive way, offering it in a package deal with a "sex manual." There is no recourse against a merchant offering a legal package deal, no matter how blasphemous it sounds. If he wants to sell Tilich and a package of contraceptives for $1.98, it is doubtful if anyone can stop him unless he is actually breaking the law. In this case the author telephoned the publisher and asked if they could do anything about it, and they promised to speak to the offender.

(To be continued)

NEWS FROM THE EAST

CHICAGO

There is a surprising amount of interest in TA in Chicago, sponsored in the clinical area principally by Dr. Bernard Greene and Jack Tanzman. The Bureau of Human Relations of the Chicago Board of Education is actively interested in game analysis as a help for teachers in dealing with the complex ethnic and pedagogical problems in the Chicago school system. Early this summer Dr. Morris Haimowitz, Chief of the Bureau of Human Relations, organized an eighteen day workshop, attended by 250 school personnel, teachers, administrators, police officers, and youth workers, focusing on personal experience with game analysis in small groups. The Illinois Society of Dentistry for Children is another organization which is actively interested in TA. This is natural enough, since children's dentists work all day long in a matrix of Parent, Adult and Child relationships, and are continuously dealing with stressful situations involving actual parents and children, within which they have to do their Adult jobs of dental care.

MICHIGAN

TA was introduced into Michigan by Claude Steiner, while he was studying at Ann Arbor. Jeanne Fowler (Monterey) is now there ready to take up where he left off. More ground work was laid last winter by Eric Berne, who gave a two day workshop for the Michigan Group Psychotherapy Society, and also spoke at Michigan State University and Eastern Michigan University. Leon Maizlish, Director of Training at the Flint Mental Health Clinic, is teaching TA to the staff members and clinical psychology students there. Dr. Maizlish also presented the principles of TA at a workshop on psychotherapy at the University of Jerusalem. Dr. Kalman Benyamini, chairman of the workshop, later wrote Dr. Maizlish that they were planning to make a serious study of TA and try it in some of their therapy groups in Israel.

NEW JERSEY

James Starrels writes: "At the N.J. Neuro-Psychiatric Institute we have had for more than a year a weekly conference on TA, plus three demonstration groups in which staff members are included for learning purposes. Three miles down the road, at the Carrier Clinic, Alfred Wood is doing something similar."

NEW YORK

The main problem in New York is the lack of personnel trained in TA. There are frequent requests through the mail from prospective patients for referral to practicing transactional analysts in that area, and there is no one to refer them to. There is a growing professional interest, however, and on a recent trip David Kupfer spoke at the New School for Social Research, the Institute of Rational Living, and the V.A. Hospital. There is some prospect of holding a workshop there next spring. Any persons or organizations interested in having a TA workshop in the New York area should write to Dr. David Kupfer, Box 2158, Carmel, California, 93921.

OUT WEST

SOUTHERN CALIFORNIA

On September 18, 1965, an organizational meeting was held at the home of Ida Watkins, 1125 South Crescent Heights Blvd., Los Angeles. This had been announced at the Summer Conference, and about 25 people attended, with the result that an Introductory (101) Course was organized under the leadership of Dr. Solon Samuels. The first meeting took place on October 14 at 8 p.m. at the home of Mrs. Claire Wolpe, 234 South Orange Drive, Los Angeles (two blocks east of La Brea, between 2nd and 3rd Streets, telephone WE 5-3336). Meetings are being held every other Thursday, with Dr. Samuels as instructor. The fee is $40, which includes membership in the ITAA, and a Certificate of Completion will be issued to those attending eight sessions. Following each session, at 9:30 p.m., it is planned to conduct an Advanced (202) Seminar for those members already qualified.

The San Gabriel Valley Branch of the ITAA, represented by William Collins, M.S.W. (4619 North Rosemead Blvd., Rosemead, telephone AT 5128) is starting an Introductory Course on October 25. This will meet every Monday evening at 7:30 p.m. for seven weeks at the Alhambra Neuropsychiatric Hospital. It is open to those with degrees in medicine or the social sciences who are engaged in professional work in those fields, including nurses and other hospital personnel, teachers, correctional workers, and graduate students. The fee is $40 for private practitioners and $25 for others. Text books are available through the instructor, and a Certificate of Completion will be given at the end of the course. Those who have completed an Introductory Course and who continue to work with TA will be eligible to join an Advanced (202) Seminar.

Meanwhile, Howard Fradkin from Orange writes: "The Sociology and Social Welfare Department of Chapman College has adopted Transactional Analysis as one of two text books used in the course on social case-work . . . The sloop Transactor 1 came in 22nd in a fleet of 33 in a recent international regatta held at Los Alamitos Bay . . . the skipper needs a crew to accompany him (1967) to Bora Bora where it is alleged the natives have not yet heard of TA."

Jack Jurasky has given up his practice in Los Angeles, and has moved to Rome, Italy, where he finds considerable interest in TA, with the possibility of starting a Study Group there.

MINNEAPOLIS

Dr. John B. Oman, pastor of the Wesley Methodist Church, has been giving a series of sermons on Sunday mornings at 10:30, starting on September 12, entitled "The Games of Life." Each sermon centers around a single game, with some emphasis on the "good" games such as "Busman's Holiday." Dr. Oman conducts a large center in his church for pastoral counselling, and his staff has been testing out game analysis in this situation.

REGINA

Leonard Ghan is teaching a course on "Group Methods" at the University of Saskatchewan. The background and basis for the course will be an eight week Introductory Course in TA.

THIRD SUMMER CONFERENCE

The Third Summer Conference on Transactional Analysis (and the first under the auspices of the ITAA) was held at the Mark Thomas Inn in Monterey, California, August 27-29, 1965. There were 115 registrants from six states and Western Canada, including psychiatrists, psychologists, psychiatric nurses, social workers, medical specialists and general practitioners, educators, correctional officers, clergymen, and many spouses. They were about equally divided between the Introductory Course and the Advanced Sections. The meeting rooms, surroundings, and facilities were more luxurious than at previous conferences, and this was much appreciated by those attending.

The Arrangements and Program Committee, consisting of David Kupfer, Chairman, assisted by Robert Goulding, Jeanne Kanevsky, and Jane Harris, benefitting from the experiences of previous meetings, set up an admirable organization. Social activities were prevalent, with an informal party on Friday night, a buffet dinner and dance on Saturday night, and a party at the home of Eric Berne on Sunday night. There were also two executive meetings of directors and Clinical Members. The programs of the three sections, and the results of the executive meetings, are summarized below.

PROGRAM

Condensed Introductory Course

Four lectures by E. Berne, with small group discussions in between, and one joint session with the Clinical Panels. Small group leaders: J. Cleland, J. Dusay, J. Horewitz, S. Karpman, D. Kupfer, J. Prusmack.

Clinical Panels

TA in Hospitals and Clinics ..... Everts—Moderator
Horewitz, Bonner, Taylor

TA in Prisons ..... Collins—Moderator
McCormick, Litt, Concannon

TA in Youth and Youth Groups ..... Kupfer—Moderator
Kaufman, Boyce, Tschudy, Davenport

TA in Medical Practice ..... Haiberg—Moderator
Eichhorn, Manor, Bates

TA in Family Counseling ..... Harris-Hodges—Moderators
Schiff, Karpman, Lewis, Courland

TA in Training ..... Samuels—Moderator
Poindexter, Ghan

TA in Research ..... Steiner—Moderator
Dusay, Burdick, Prusmack

Papers and Tapes

L. Ghan, T. A. Harris, R. M. Hodges, M. Cavanagh, F. H. Ernst.

TRANSACTIONAL PUBS BOOK LIST

(An order envelope is included with this issue of the Bulletin)

Transactional Pubs was established as a convenience for our members, and to help pay for publication of the Bulletin. Because of the complicated paper work, however, certain of its activities will have to be cut down, at least temporarily. **All sales will now have to be cash prepaid, except for Government and other requisitions, and no more books can be sent on consignment.**

In Press

Principles of Group Treatment, by Eric Berne. Hard Cover. Oxford University Press, planned for Spring 1966. Part I: General Principles of Group Treatment. Part II: Transactional Group Treatment. Price undetermined. A prospectus will be sent on request as soon as issued.

Now Available

Transactional Analysis in Psychotherapy. Paperback. The basic text for transactional analysts.

The Structure & Dynamics of Organizations & Groups. Hard cover. The transactional theory of group dynamics, and its application in the therapy of ailing groups. "Of great interest and importance to those people who teach groups, lead them, record or observe them, or just participate in them." (American Psychiatric Association Bulletin, February 1965).

Games People Play, Limited Edition. Hard cover. The theory of transactional games, with a thesaurus of games and pastimes, This is TAB Supplement No. 2 put out by Transactional Pubs. It is the same as the trade edition, except that it has a special title page. It is particularly attractive to those who like limited editions.

Outline for an Introductory Course in Transactional Analysis and Social Dynamics, TAB Supplement No. 1. 13 pages in mimeograph, interleaved with blank foolscap pages for notes, giving topical headings for a course of eight lectures. This is useful for instructors, for those taking an Introductory Course, or for anyone desiring a summary of transactional theory.

Conjoint Family Therapy, by Virginia Satir. Paperback. Contains a concise summary of clinical communication theory as practiced by the Palo Alto group, as well as much information and many acute observations concerning family dynamics. Written clearly, creatively, and informatively, it draws attention to many of the author's new and valuable insights in this field.

Layman's Guide to Psychiatry & Psychoanalysis, by Eric Berne. Paperback. A simple and readable introduction to the principles of psychoanalysis, with a survey of the field of clinical psychiatry. Originally published as **The Mind in Action.** "It presents succinctly the dynamics of the development of personality in health and in illness . . . To our knowledge this book is the best of its kind." (Psychoanalytic Quarterly, 1948).

Transactional Pubs, P.O. Box 156, Mount Eden, California 94557

SUMMER EXECUTIVE MEETING

A formal executive meeting was held on Saturday, August 28, 1965, attended by fourteen Directors and Clinical Members, to adopt rules for Clinical and Teaching Memberships. It was decided that the "grandfather clause" for Clinical Membership would expire on September 1, 1965, and after that date candidates for Clinical Membership would have to meet well-defined formal requirements. A new class of membership, Teaching Member, was set up. All persons who were Clinical Members at the time of the meeting automatically have also the qualification of Teaching Member. After September 1, Clinical Members who wish to qualify as Teaching Members must meet pedagogical as well as the highest clinical standards based on extensive experience in using TA. It was also decided that the fee for Regular Members be raised to $20 per year, and that the registration fee for the Summer Conference would no longer include a membership fee; non-members who attend the conference in the future will have to pay the membership fee separately if they wish to become Associate Members ($10) or Regular Members ($20). It was emphasized that all fees, together with profits from other activities of the ITAA, are primarily devoted to the publication, enlargement, and administration of the Bulletin. The need for a full time secretary and circulation manager has priority at present.

A second executive meeting was held on Sunday, August 29, 1965, with sixteen Directors and Clinical Members attending. In view of the expanding geography of the ITAA, it was decided that (a) Any Teaching Member, with the approval of the Membership and Education Committees, may start a branch seminar or society under the sponsorship and control of the ITAA. (b) Any group of qualified professional people may start a TA Study Group under the sponsorship and control of the nearest authorized branch seminar or society. Accordingly, (a) Jacqui Schiff is authorized to start a TA seminar with headquarters at Charlottesville, Virginia. (b) Herbert Carlson is authorized to start a TA Study Group in Folsom, California, under the sponsorship and control of the Sacramento Transactional Analysis Seminar, to be known as the Folsom Transactional Analysis Study Group. (c) El Grupo de Estudio sobre Analisis Transaccional de Costa Rica will continue under the sponsorship of the San Francisco Transactional Analysis Seminars.

There were approximately 30 Clinical Members in the Geographical List of Members published in the January 1965 Bulletin, all of them under the "grandfather clause." In addition, the following are now qualified as Clinical Members or Teaching Members (which includes the clinical qualification), under the same clause, as of August 29, 1965. (All future candidates for these classes of membership will have to meet the formal standards of the Education and Membership Committee). Jeanne Fowler, M.S.W., Ann Arbor (Teaching), Jeanne Kanevsky, M.A., Monterey (Clinical), Jack Kaufman, M.S.W., Monterey (Teaching), Hedges Capers, B.D., San Diego (Teaching), James Horewitz, M.D., Berkeley (Clinical), John Prusmack, M.D., Menlo Park (Teaching), Mary Michelson, B.A., Sacramento, Cal., (Clinical), Alfred C. Wood, Jr., M.D., Philadelphia (Teaching).

EDUCATIONAL ACTIVITIES

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINARS

Seminar 202, Transactional Analysis in Clinical Practice, has resumed meeting every Tuesday evening at 8:30 p.m. at the office of Eric Berne, M.D., 165 Collins Street in San Francisco. (Go out Geary and turn right three blocks past Masonic.) Professional visitors are welcome. It is suggested that they check in advance by telephone, and they are requested not to arrive before 8:20 p.m. There is no fee for this Seminar, but regular visitors are invited to become members of the SFTAS. (The last meeting of the year will be December 21, after which meetings will resume in mid-January).

FALL INTRODUCTORY COURSE

The next Introductory Course in Transactional Analysis will be offered starting November 3, 1965. It is open to those with a degree in the medical or social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university or college. A Certificate of Completion will be issued to those who attend.

101P. INTRODUCTORY SOCIAL DYNAMICS. A theoretical introduction to transactional analysis and group dynamics. Wednesday evenings at 8:30. Seven meetings, November 3 - December 22. Fee $50, payable in advance. (Undergraduates $25). Instructor: Dr. Berne. Texts: Transactional Analysis in Psychotherapy, Grove Press, 1961; The Structure & Dynamics of Organizations & Groups, Lippincott, 1963; Games People Play, Grove Press, 1964. (These texts may be ordered through the Seminars if desired).

The course will meet at the office of Eric Berne, M.D., 165 Collins Street, San Francisco. The office is *not available* before 8:20 p.m. (Go out Geary and turn right three blocks past Masonic).

For further information or enrollment, write the San Francisco Transactional Analysis Seminars, P.O. Box 5747, Carmel, California 93921, or call the Secretary, Anne Garrett, 782-4972, after 6 p.m.

GEORGE

(Our Sponsored Orphan in Crete)

The latest information from George is that "the poultry are catching a disease which does something queer to their throats and they are unable to eat. I had a beautiful bird which had golden wings but it died and I am much upset. I am taking English lessons and I like this language very much. I will try to become a mechanic or rather a wireless operator which will allow me to travel. I'll now write a song in verses: 'If you were a lemon tree and I was a river so that I could bring to your heart fresh water.' I am going to recite a piece of poetry about our flag at our school fete."

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, clergymen, and educators, The teaching is primarily oriented toward group therapy and group work based on transactional analysis, and research in social dynamics. The Association is now in its eighth year, and is entirely self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Societies are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible to attend. Qualified people are always welcome to visit the meetings of the Seminars and Societies. They can become Associate Members of the ITAA by filling out the application blank below, and are cordially invited to do so. They may become Regular Members after taking a complete Introductory Course or its equivalent, and may apply for Clinical Membership after sufficient training to meet the standards of the Membership Committee.

All classes of membership include the following privileges: (1) Subscription to the Bulletin (2) Entree to Seminars and Societies when travelling (3) Hospitality of the temporary ITAA headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences (5) Listing in the Annual Geographical List of Members.

Those desiring Associate Membership and a subscription to the Bulletin (or Regular Membership if eligible) may fill in the coupon below and enclose the membership fee. Subscriptions to the Bulletin are available to institutions and libraries at $5.00 per year.

Please advise us of change of address. Use the coupon below to apply for membership or to renew it when it falls due. Please enclose membership fee.

Send to: T. A. Bulletin, P. O. Box 156, Mount Eden, California, 94557

Please enroll me in the International Transactional Analysis Association as a

Regular Member ($10) ($20 after 1/1/66) Associate Member ( ) ($10)

For those residing outside North America the membership fee is ( ) ($ 5)

Name: .....

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Affiliation: .....

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TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 5 JANUARY 1966 NUMBER 17

SCIENTIFIC PROCEEDINGS

SAN FRANCISCO - - - - - - - - - - 91

MONTEREY PENINSULA - - - - - - - - - 93

A LIVING PROBLEM - - - - - - - - - - 95
C. St. Cyr

SUMMER CONFERENCE - - - - - - - - - 96

EXECUTIVE CONFERENCE - - - - - - - - - 97

ANNUAL INDEX - - - - - - - - - - 98

PUBLICATIONS AVAILABLE - - - - - - - - - 100

THE PUBLIC EYE - - - - - - - - - - 101
E. Berne

A PSYCHIATRIC WARD - - - - - - - - - 102
J. P. Concannon

LECTURING TO PATIENTS - - - - - - - - - 104
R. Poindexter

ORGANIZATIONAL NEWS - - - - - - - - - 105

EDUCATIONAL ACTIVITIES - - - - - - - - - 106

TRANSACTIONAL ANALYSIS BULLETIN

published quarterly by the

International Transactional Analysis Association

and its affiliates

A Non-profit Educational Corporation

VOLUME 5 JANUARY 1966 NUMBER 17

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. A membership registration blank will be found on the back cover of each issue. For institutions & libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and enquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California, 93921.

Contributors

Articles, clinical notes, news items, and letters should be addressed to the Editor at the above address. They should not exceed two double-spaced typewritten pages in length, except by special arrangement.

The International Transactional Analysis Association

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FALL QUARTER — ADVANCED SEMINARS - 202 - OCTOBER - DECEMBER 1965

The abstracts below are written for professional readers who are assumed to be familiar with the principles and language of transactional analysis.

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINARS

October 19. Pat Crossman, Claude Steiner, and Eric Berne: "Substitute Therapists."

While Berne was away on a four week vacation, Crossman and Steiner each took two of his groups. They were given zero information about the patients, and the patients (on their own request) were given zero information about the substitutes, not even their professions or their genders. The patients agreed to pay half the regular fee during this period, even if they missed sessions. The substitutes experienced no difficulty in sorting the patients out according to Parent, Adult, and Child activities, and games, and easily perceived which direction to take therapeutically without any instruction from the patients or any direct questioning. Because the substitutes used the familiar transactional approach, the patients spent little time on "reconstituting" the absent therapist or in satisfying leadership hunger, and forged ahead according to their individual therapeutic contracts. No untoward incidents occurred until the night before Berne was due back, when the newest patient, with the least well cathected Adult, had a particularly violent quarrel with her husband, took an overdose of aspirin, and was hospitalized for two days.

The male patients reacted favorably to Crossman, reporting that "it was a pleasure to have a sexy female therapist for change," while the women remained neutral in this respect but profited from her interventions. The males tried to tease Steiner by taking away his leadership, while the females admired his intelligence. At the strictly Adult level, all the patients listened respectfully to the substitutes as people who knew more about transactional analysis and therapy than they did, and who could therefore be helpful. There was some tendency for the patients to put on a jamboree, exhibiting for the benefit of the newcomers all the games they no longer played when Berne was there. They reported that both Crossman and Steiner talked less than Berne did, and tended more to ask provocative questions than to make interpretations as Berne did. They felt that both approaches were equally productive. Attendance remained at the usual level, about 90%. The patients felt that Crossman and Steiner were less experienced than Berne, but made up for that by "trying harder." Except for the mild teasing of Steiner, they did not try to exploit this, but rather tried to profit from what the substitutes said. One or two women said they hadn't got much from Crossman being there, and one or two men said the same thing about Steiner, but the other patients all agreed that the experience was well worth while, and some thanked Berne for picking such competent people. Berne said that Crossman and Steiner had each spotted games played by various pa-

tients that he had not noticed before. Crossman and Steiner in turn said that they were happy to have had an opportunity to deal with such sophisticated groups. Thus with few exceptions everybody felt good about the experience, and ready to repeat it whenever the occasion arose. Insofar as "insight" and "feeling good" are aims of therapy, this was a success. There was also enough "suffering" to satisfy more conventional criteria, with considerable emotional expression.

October 26. Eric Berne: "Recent Advances in Transactional Analysis."

This was a paper prepared at the request of the editor for the next volume of the annual "Current Psychiatric Therapies." Since it should represent the current thinking of the ITAA as a whole, it was presented for discussion and criticism just before the Annual Business Meeting of the ITAA when a large number of Clinical Members were present.

November 2. Robert Wald: "Children and Teaching Machines."

Wald described his observations at a centre where teaching machines were used to teach children as young as three years to read and touch-type, with the result that five year old children were able to publish a literate "newspaper" with almost no supervision. The machines also produced remarkable results with older disturbed children. The machines represented a "pure" Adult, and there was no Parental pressure on the children to learn from them. Their learning was based (descriptively) on "spontaneous curiosity." The experiments were "hard" in that the results were described purely objectively. The Seminar discussion was therefore kept at a "hard" level, with no anthropomorphization, unstated assumptions, or undefined terms permitted. In this way problems of biology and comparative terminology came to the fore: the origin of the Adult, conflict free spheres of the ego, defences versus "exploration drives", time structuring, and neurophysiology. It was noted that different professions had different kinds and degrees of difficulty in keeping the discussion at a "hard" level, laying bare the previously undetected fantasies and undemonstrated postulates at the root of "soft" discussions, leaving some people almost helpless to express themselves when these kinds of "thinking" were disallowed.

November 9. Ray Poindexter: "Lecturing to Patients on Transactional Analysis." (See page 104).

November 16. Paul Freeling: "Problems of General Practice in England."

Under the National Health Service in England, the general practioner is available day and night for patients to play games with, and some of them take advantage of this opportunity. For this reason, Freeling feels that TA and game analysis have a definite place in the education of general practioners, in addition to the psychiatric training they receive at the Tavistock Clinic. He described a family of four generations which he and his partner had been seeing for many

years. One of the men had a spinal fusion with residual signs, and became feverish if told that he was getting better. The parental permissions and prohibitions were apparent in all the members, and the problem was how to handle complex transactions and games involving so many generations, with a case load as high as 70 patients per day. Game analysis was the quickest way to clarify the decisive factors. During the discussion, it was apparent that the members of the Seminar had difficulty in adjusting their thinking to brief interviews of ten minutes or so, as most of the solutions presented were more suitable for an American psychotherapy program than for the hurly-burly of general practice in England.

November 23. Joseph P. Concannon: "Reorganizing a Psychiatric Ward." (See page 102).

November 30. Larry Mart: "Combined TA Therapy and Nurses' Training Group."

Mart presented a tape of a group of female schizophrenics and ward nurses in a state hospital. After the patients met, the nurses held their post-group discussion in the presence of the patients. Seminarians who had been following the same policy agreed that it was beneficial to all concerned.

December 7, 14, & 21. Eric Berne: "Principles of Group Treatment."

These sessions were largely devoted to reading aloud for critical discussion portions of the manuscript of Berne's forthcoming book. (Oxford University Press, May, 1966).

MONTEREY PENINSULA TRANSACTIONAL ANALYSIS SEMINAR

August 13 & 20. David Kupfer: "The Creative Artist".

The seminar invited four representatives of the creative arts to discuss their creativity in the framework of transactional theory. The artists were experienced in transactional analysis and were successful in their chosen fields. The invited group consisted of two painters, one actress and one theater director-actor. The seminar was interested in: 1. the functions of the natural Child as compared with the adapted Child; 2. the function of the Parent in the artist; 3. the importance of getting strokes from the audience. There was unanimous agreement that the artist whose Parent encourages and supports the curious and creative Child is more likely to enjoy his art productions and be successful. John, a painter, explained that as a small boy he had always wanted to draw and paint but had been discouraged by his father who felt that "painting was for bums." It took three years of transactional analysis to rid John of this Parent. Since his therapy John was free to let his creative Child "produce" and he has become more successful than ever before. Kupfer raised the question how many actors chose this field to be able to experience pseudo-intimacy on the stage as a substitute for real life intimacy which was being avoided. Rita, the actress, felt

that those who go into acting primarily to receive strokes from the "Parents" in the audience usually remain mediocre actors and are difficult to work with. Kupfer proposed that in the truly creative artist the Parent, Adult and Child work in harmony, i.e. 1. the Child is free to experience intuitive and creative thoughts, 2. the Adult accepts and reviews it ("let's see what we can do with it") and 3. the Parent encourages it: "Good boy (girl), I know you can do it, go ahead." Unforfunately for mankind, the more frequent type of inner dialogue experienced is quite different. When the Child "dares" to experience an intuitive and creative thought, before the Adult can evaluate it, much less take action, the Parent turns on the Child: "You and your stupid ideas!" Thus the Child is "squashed" as he was in real childhood and the more often the Parent turns on the Child in this manner the less often the Child will "dare" to experience creative thoughts.

September 24. David Kupfer: "Teaching TA to Children."

Kupfer taught a simplified four hour introductory course to a group of children ranging in age from 8 to 14. The prerequisite for the course was that one or both parents be in a TA group at the time the course was given. It was expected, and the parents were so informed, that the classroom material would be explored further at home. Most of the youngsters showed great interest in the material presented and grasped the concepts quite well. In several instances they recognized games played in the household, sometimes games of which their parents had not been aware. One ten year old boy remarked at the end of the course: "Isn't it too bad that not all people in the United States know about this, now we can understand them but they won't understand us." It is contemplated to start a weekly "discussion group" with some members of this class.

November 19. Jane S. Harris: "Who Were They?" (Tape)

Two group members who had attended three sessions without uttering more than a few words each did not come to this meeting. The other group members spent a great deal of time on discussing and questioning Harris why the two absent members had come into treatment, who they were and why they were not present today. Harris recognized that the group members vented their anger and anxiety against the absent members in this way without having to face them directly. The persistency of some members, especially Dick, made it difficult for Harris to bring the transactions "back in the room."

The questons to the seminar were: 1. "How could Harris in the previous meeting have been more alert to detect and analyze the non-verbal cues of transactions between the group members to produce confrontations right on the spot, i.e. postures, gestures, glances, silences and changes in ego states. 2. What skills and methods were available to Harris to circumvent discussions about absentees and bring it "back into the room."

The seminar, especially Goulding, Kupfer and Kaufman explored various ways in which non-verbal cues can be used to stimulate verbal transactions as well as how to avoid discussions about absentees.

December 10. Robert Goulding and David Kupfer: "Observations by Two Leaders"

Kupfer and Goulding held a two day seminar on leadership with twenty staff members of a penal institution. Sessions were held in which the members in pairs rotated as group leaders. Following each thirty minute session there was a twenty minute discussion period concerning the performance of the two leaders.

While the groups were in progress Goulding and Kupfer took observational notes. After the first session Kupfer presented his observations; when Goulding was asked for his comments he stated that virtually all of the material in his notes had already been covered by Kupfer. In subsequent sessions the two took turns in discussing their notes, and very similar incidents of having made the same observations recurred.

This seminar confirmed Goulding and Kupfer's theory that trained and alert transactional analysts make similar observations and arrive at similar conclusions even when dealing with an unfamiliar group. Further, they feel that the same theory applies to treatment groups in that it would be possible for one therapist to take over another's group and note the same transactions and games.

A LIVING PROBLEM

CHICKEN SOUP

Cyprian St. Cyr

The boys were seated around the electric heater in Eubanks' Grocery & General Store talking about the old days, when Finicky Snodgrass, the youngest of the twelve Snodgrass children, voiced a complaint.

"My Mom says I only write to her when I have something good to tell her," said Finicky, "and I never do when I'm in trouble or feeling poorly."

"My Mom's like that too," said JV Eubanks, the owner. "What is that, Horseley? What is that?"

R. Horseley, the sage of the Ozarks, stroked his beard and replied: "Chicken soup."

"What's chicken soup?"

"Chicken soup is what a mother gives her sons when they feel bad," replied Horseley. "What else can she do? So if you don't feel bad, she can't give you anything, but if you do, she can give you chicken soup, whether it's in a bowl or in a letter."

"That's right," nodded JV. "One time when I was living over in Little Rock I felt so poorly that I went to a psychiatric clinic, and the lady there she gave me a lot of big words, and that made me feel right comfortable."

"Alphabet soup," said somebody.

"That's right," agreed JV. "You get a nice lady giving you alphabet soup once a week and that'll cure up any bad feelings. And she knows it, too. A man, now, he can't do that. All he can give you is a tree to lean against."

Question: Which is better, alphabet soup or a tree to lean against? Is there something else? If so, what?

SUMMER CONFERENCE

The Fourth Annual Summer Conference on Transactional Analysis will be held in Monterey, California, August 20-21, 1966. The following is a tentative schedule. Additional comments, suggestions, panel participants and papers are welcomed. Write to David Kupfer, Ph.D., Box 2158, Carmel, California 93921.

	Clinical I	Clinical II
	Saturday	
10:20 - 11:20	PASTORAL — Everts, Hess	Paper — Eichhorn
11:20 - 12:30	PASTORAL — workshop	NURSING — Mrs. Eichhorn
2:15 - 3:15	IN-PATIENT — Concannon Haiberg - Prusmack	NURSING — workshop
3:15 - 4:15	IN-PATIENT — workshop	OUT-PATIENT — Poindexter - Horewitz
4:20 - 5:20	ALCOHOLISM — Goulding	OUT-PATIENT — workshop
5:20 - 6:20	ALCOHOLISM — workshop	FIRST GROUP — Harris, Kupfer, Samuels
6:25 - 7:30	Paper — Schiff	FIRST GROUP — workshop
	Sunday	
9:30 - 10:20	NON-PSYCHIATRIC PHYSICIANS — Eichhorn, D. Marks	
10:20 - 11:20	NON-PSYCHIATRIC PHYSICIANS — workshop	ADVANCES IN GROUP TREATMENT — Concannon-Goulding-Kupfer-Poindexter
11:20 - 12:30	TA IN SCHOOLS — Kaufman	ADVANCES — workshop

Saturday & Sunday

INTRODUCTORY COURSE — Berne

Four lectures with small group discussions

HEADQUARTERS TO BE ESTABLISHED

At the January Executive Congress it was decided after due discussion to establish an operational headquarters for the ITAA in Carmel, California. This office will be under the supervision of David Kupfer, Robert Goulding, and Jeanne Kanevsky. It is expected to be in operation by June 1.

GEORGE

(Our Sponsored Orphan in Crete)

George writes: "I went with my friends fishing and saw the boats with sponge-fishers were coming back and were throwing to the sea all the bad sponges. I and my friends catched a lot of them. I like to see the small fishes of the sea. I like to fish and to catch fishes and then I eat them or give them to my cat, who likes them very much too. A poem: 'Painter, who drawed the Holy Virgin's eyes, Draw also for me the eyes of my Beloved.' I am kissing you."

EXECUTIVE CONGRESS

The Fourth Executive Congress of the ITAA was held on Saturday and Sunday, January 15 & 16, 1966, at the Highlands Inn, Carmel, California. Twenty-one Directors and Members attended.

Polling of members present indicated that 10 to 15 Clinical Trainees may apply for Clinical Membership at the Summer Conference. This fact led to a decision to divide the Clinical Membership Meeting. The Examining Board for Clinical Membership will convene on Friday, August 21, from 6 to 10 p.m. The Clinical Membership Meeting will be held on Sunday, August 23, at 2:30 p.m. Any Trainee planning to appear before the Examining Board should submit his qualifications in writing, one copy to his local Chapter and one to ITAA, P.O. Box 5747, Carmel, prior to the Conference. The following classes of membership were agreed upon.

CLASSIFICATION OF ITAA MEMBERSHIP

CLASS	REQUIREMENTS	FEES	PRIVILEGES
1. Subscription Membership (SM)	Open to libraries and professional people	$10 annual dues	Receipt of Bulletin. (Non-voting membership) (Not listed in Membership List)
2. Associate Membership (AM)	Open to qualified professionals, graduate students and selected undergraduates.	$12 annual dues	Receipt of Bulletin. Listed in Membership List. (Non-voting membership)
3. Regular Membership (M)	Completion of 101*	$20 annual dues	Receipt of Bulletin. Listed in Membership List. Voting membership.
4. Research Membership (RM)	Completion of 101.* 100 hours training	$100 Initiation** $20 annual dues	Practice T.A. in specialized field. Teach members of specialized field.
5. Clinical Membership (CM)	Completion of 101.* 202 with 87% attendance for one year and 3 presentations. Two groups for one year with 50 hours of supervision. Approval of Examining Board.	$100 Initiation** $20 annual dues	Practice T.A. Supervise training of Clinical trainees. Attend Clinical meetings and Congresses.
6. Teaching Membership (TM)	CM held for two years. Teach two 101's under supervision of a TM. Supervision of 2 Clinical trainees under supervision of a TM. Approval of Examining Board composed of 5 TM's.	$100 Initiation** $20 annual dues	Teach 101 and 202. Pay 20% royalty to ITAA on 101's. Supervise training of Teaching Candidates.

*101 at Summer Conference not applicable.

**Can be waived or reduced by Examining Board.

Any of the above requirements or fees can be waived by a two-thirds majority of Examining Boards.

TRANSACTIONAL ANALYSIS BULLETIN

Volume 4, Nos. 13 - 16, 1965

SUBJECT INDEX

Adolescents 31, 50
  institutionalized 34, 49
  concept of TA 52, 53
A.G.P.A. Conference 23, 27
  administration at 29
Alcoholics 69, 72, 74
Am. Psychiatric Assoc. 23, 40, 58
Annual Meeting 73
Attendance Certificates 42
Authority diagram 28
  structure 47
Autonomic activity 27
Book Reviews 38
Children 51
  concept of TA 51
Communication 76
Contract, patient 69
Conversation, art of 52
Creative artists 72
Death 68
Day Care Centre 29, 48
Debtors 72
Educational activities 23
  43, 61, 87
Executive Congress 42, 60, 86
Games 72, 75
  at work 47
Getting well 8, 34, 67
Golden Gate Society 58
Group Therapy
  activation of 28
  adolescent 31, 50
  after vacation 4
  alcoholics 69
  family 21, 38, 48
  first meeting 31
  instant 69, 74
  marital 4, 30, 68, 75
  organizational problems 4, 29
  prisoners 47, 73
  random selection 7, 49
  termination 27, 67
Index, Volume 3 16, 17
ITAA, functions of 3
Juvenile delinquents 34, 49, 79
Language, delinquency 79
Learning theory 70
Letters to Editor 56
List of members 9, 39
Living Problem 18, 39, 57, 80
Mothers 50
New Bulletin 3
News, branches
  Chicago 82
  Michigan 82
  Minneapolis 83
  New Jersey 82
  New York 82
  Regina 83
  Sacramento 43, 61, 73
  San Francisco 23, 43, 61, 87
Obituary 71
Organizational news 23, 42, 60
Pastoral counselling 6
Patient progress 5, 8
  withdrawal 27, 48
Personals 42
"Process therapy" 36
Pseudocommunication 76
Psychoanalysis 37, 71
Psychopharmacology 28
Publicity problems 81
Punishment 56
Raising children 51, 53
Scripts 49, 50
Seasonal thoughts 20, 39
Seminar situations 33
Summer conference 35, 62, 71, 84
  proceedings of 1964 19
Student assistants 6
Therapeutic community 27
Therapist, absent 4, 48
Therapy groups
  aging 7
  accounts of 6, 7, 28, 30, 31
  49, 73
Transactional analysis
  couples 4, 30
  creative arts 72
  epileptic girl 54
  families 8, 31
  in court 32
  in industry 7
  lectures in 5

length of treatment 67
literary examples 6
out-patients 19, 20
Vocabulary research 5
Vocational guidance 48

TRANSACTIONAL ANALYSIS BULLETIN

Volume 4, Nos. 13 - 16, 1965

NAME INDEX

Barclay, V. 29, 48
Berne, E. 4, 7, 8, 28
29, 38, 48
49, 67, 81
Bickel, E. G. 71
Boyce, M. 47
Browne, K. 33
Collins, W. J. 57
Courland, H. 70
Crossman, P. 27
Davenport, K. 31
Donovan, F. 50
Dusay, J. 5, 7, 27
47, 67
Ernst, F. 29
Fowler, J. 31, 56
Freeling, P. 33
George (Orphan) 22, 40
61, 87
Goodwin, J. 73
Goulding, R. 57, 72
Harris, T. 4, 19, 30
Hochman, C. 6
Hodges, R. M. 36
Horewitz, J. 5, 68, 69
James, M. 6
Kanevsky, J. 73
Karpman, S. 69, 74
Kaufman, J. 31
Kramer, R. 28
Kupfer, D. 8, 31, 72
Larschan, E. 50
Litt, V. 47
McCormick, P. 34, 49, 79
Maizlish, L. 75
Mikuriya, T. H. 76
Miller, J. 6
Munson, T. 36
Nichols, J. 28, 30
Northcott, M. 47, 56
Paul, L. 37
Poindexter, W. R. 7
Prusmack, J. 27, 29
Redl, F. 79
Samuels, S. 19
Satir, V. 38
St. Cyr, C. (Pseudonym) 18, 39
57, 80
Steiner, C. 70
Wright, J. 71
Young, D. 48

A THOUGHT FOR WINTER

"A skilled doctor, or any other who has some art to practice, is able to apply symbols and fictions usefully not because these . . . . are really efficacious in themselves but in order that the medicine may be taken more faithfully and with greater avidity and that the spirit of the patient shall be active and shall later settle and be glad."

Roger Bacon (1214-1292)

TRANSACTIONAL PUBS BOOK LIST

Transactional Pubs is intended as a convenience for our members. Prices quoted include postage and taxes where applicable. **All sales are cash prepaid, except for Government and other requisitions.** No books can be sent on consignment.

IN PRESS

Principles of Group Treatment, by Eric Berne. Hard cover. Oxford University Press, due in May, 1966. Part I: General Principles of Group Treatment. Part II: Transactional Group Treatment. This is TAB Supplement No. 4, put out by Transactional Pubs. It will be a limited edition of 500 copies, the same as the trade edition except for a special title page. $6.76

IN PREPARATION

Condensed Introductory Course in Transactional Analysis, TAB Tape Supplement No. 2. Four lectures given at the Second Summer Conference, 1964. Four hours, 3 3/4 ips., professional recording. Temporarily out of stock. Due May, 1966. $26

Outline for an Introductory Course in Transactional Analysis and Social Dynamics, TAB Supplement No. 1. 13 pages in mimeograph, interleaved with blank foolscap pages for notes, giving topical headings for a course of eight lectures. This is useful for instructors, for those taking an Introductory Course, or for anyone desiring a summary of transactional theory. Temporarily out of print. Due June, 1966. $2.08

Now Available

Transactional Analysis in Psychotherapy. Paperback. The basic text for transactional analysts. $4.11

The Structure & Dynamics of Organizations & Groups. Hard cover. The transactional theory of group dynamics, and its application in the therapy of ailing groups. "Of great interest and importance to those people who teach groups, lead them, record or observe them, or just participate in them." (American Psychiatric Association Bulletin, February 1965). $7.80. Paperback $2.55.

Games People Play, Limited Edition. Hard cover. The theory of transactional games, with a thesaurus of games and pastimes, This is TAB Supplement No. 2 put out by Transactional Pubs. It is the same as the trade edition, except that it has a special title page. It is attractive to those who like limited editions. $5.20.

Conjoint Family Therapy, by Virginia Satir. Paperback. Contains a concise summary of clinical communication theory as practiced by the Palo Alto group, as well as much information and many acute observations concerning family dynamics. Written clearly, creatively, and informatively, it draws attention to many of the author's new and valuable insights in this field. $5.15

Layman's Guide to Psychiatry & Psychoanalysis, by Eric Berne. Paperback. A simple and readable introduction to the principles of psychoanalysis, with a survey of the field of clinical psychiatry. Originally published as **The Mind in Action.** "It presents succinctly the dynamics of the development of personality in health and in illness . . . To our knowledge this book is the best of its kind." (Psychoanalytic Quarterly, 1948). $2.03

Transactional Pubs, P.O. Box 5747, Carmel, California 93921

THE PUBLIC EYE (Continued)

Eric Berne, M.D.

"Games People Play" was written as a handbook for transactional group therapists, but because of its readability and its forthright vocabulary it became a best-seller. In the previous issue of the Bulletin, the author discussed the unavoidable hazards which go with such a situation, such as advertising matter over which he has no control. (In that instalment, due to a typographical error, Tillich came out "Tilich.") Besides those hazards which are unavoidable, there are two other types of risks: those which are better not avoided, and optional confrontations. These two will be discussed below.

(2) Interviews with the press can be declined, but this not always advisable, since if they are determined to write a story they will write one anyway, and co-operation may avert a bad press and will also get the facts straight. Reporters and magazine writers are usually by nature genial and benevolent, unless they have good reason to be otherwise. But they also have a job to do, and their prime consideration is to write a good story. This poses two hazards for the one who is interviewed. First, his vanity may be hurt. His noble bearing and patrician features may be described in less favorable terms, and his sparkling intellect and unblemished virtue may be sullied by direct quotations. Even though he may be accustomed to hearing less then complimentary remarks from his patients, he can attribute these to resistance, but when they appear in the public press he does not have this shield. Secondly, a chance remark may become the focus of the whole story, while "important" things are left out, thus presenting a disconcerting picture of the interview or the subject's character. In short, the interviewer will present things as he sees them, and not as you see them, and he is also an artist: his job is not to represent nature, but to select from it in order to make a certain impression on the viewer, in this case the reading public.

On the other hand, being interviewed by a literary editor or a science editor is actually a privilege. These are highly educated people with professional perspective, who can see you in a large historical context, and what they say about you must therefore be listened to respectfully. If they do not interview you, they may miss important aspects of what you are trying to say or do, and the interview gives you a chance to put the emphasis in the right place. One way to protect yourself is to have two or three friends present whom you can consult during or at the end of the interview to see whether you have made any significant omissions, conveyed any serious misconceptions, or let your vanity or enthusiasm run away with you.

Book reviewers really belong in the first category, since whoever writes a book exposes himself to their opinions whether he likes it or not. With the exception of a few professional journals and professional reviewers, book reviewers are not necessarily qualified for their jobs. They may be illiterate in general, or illiterate in the special field, or cranky, or careless, or hurried. Worst of all, they may not even bother to read the book. One reviewer of "Games People Play" says: "One becomes immediately aware, even without being so notified

in the Preface, that here the author has tried to write a popularized version." What the Preface says is: "The vocabulary and viewpoint are primarily oriented toward the practising clinician, but members of other professions may find this book interesting or useful."

(3) In the third category are options, such as invitations to lecture, to write articles for popular magazines, and to appear on radio and TV. The problems these pose are mainly existential, revolving around two questions: "Why would I want to appear on TV, etc?" and "What would I try to accomplish if I did?" Interestingly, these questions are often disconcerting to the purveyors themselves, who take it for granted that mass media are "good," and have never seriously thought about what, in any critical sense, they are good for, although they may be well aware of what they can be bad for, such as the author's character or the public's education. On their side, of course, the purveyors, like the journalists, want primarily a good story or a good show.

(To be concluded)

AN ADULT THERAPEUTIC CONTRACT ON A PSYCHIATRIC WARD

Joseph P. Concannon, A.C.S.W.

This experiment took place on an open ward in a military hospital. The population consisted of thirty patients including character disorders, neurotics, alcoholics and schizophrenics in remission. The old program was a conventional therapeutic community set-up. The staff met in the morning to read the ward log and discuss problems of patient care. Suitable patients were given liberty at night, sometimes every night. Liberty was taken away for late sleeping, for failure to report to work detail or to muster four times a day, or to take prescribed medications. If the patient missed any of the above he was given a demerit. Four demerits resulted in the loss of liberty for a week. The patients resented this system because they felt it was directed toward the child ego state.

The reading of the log was followed by sick call when the doctor would inquire about each of his patient's needs. This was followed by a large ward group meeting including all the patients and staff. This group lasted from 45 minutes to an hour and was held five days a week. In this group little of the adult ego state was used by patients. The patients constantly attempted to force the staff to use their parental ego state.

Several months ago a new psychiatrist was assigned as ward doctor. After two months of observing the patients constantly utilizing the child ego state, he made a number of changes. He interviewed all thirty patients and offered them a contract to remain in the hospital until they got well, and solved problems that interfered with their adjustment in family or service life.

Only five of the thirty patients were willing to agree to this contract to help them get well. Four requested to be returned to duty promptly because they felt treatment was more painful than their symptoms. The majority of the patients stated they did not want to get well because this would mean they would have to be returned to duty.

In order to develop more of an adult ego state within the patients, a number of changes were made. Sick call was eliminated. If a patient wanted an individual session with the doctor, he had to take the initiative himself. Requests for individual sessions dropped over 50 per cent. The patients who made arrangements for an interview with the doctor had more productive sessions.

Five of the patients who agreed to a therapeutic contract were made Group Directors for ward patient government. Three times a week the directors met with the ward psychiatrist and social worker in a group therapy session. Confrontation was used to an ultimate degree. The purpose of the group is to assist the five directors to gain more insight so they can be more effective as small group and ward leaders. The Group Directors make patient assignments to the four small therapy groups that meet three times a week for 1-1/2 hour sessions. All patient work assignments and job supervision are done by the patient directors.

This has brought about less acting out and better work standards. The Group Directors develop ward recreational programs, indoctrinate new patients to the hospital and discuss with patients acting out behavior on the ward. The liberty list is made up by the Group Directors. The demerit system has been abolished. Liberty is now determined by positive as well as negative factors. These include the patient's attitude toward the program, his contributions to the ward and his participation in small and large groups and willingness to help other patients.

The large groups meet each morning for fifteen minutes to discuss administrative matters. All large and small groups are headed by patient Group Directors. The staff attending the large and small groups assume the role of observers for the most part.

Transactional and game analysis are used in the program. Twice a week for a one hour session the social worker goes into some phase of transactional analysis or selects one or two games for discussion. This material is utilized by the patients in small groups as well as in individual therapy.

The following results have been noted since this experiment was started two months ago:

In large and small groups patients are playing fewer pastimes and games. They have increased the number of adult ego state transactions. Since they now have much more responsibility, their dependency on the staff has greatly decreased. While there is still much of the child ego state in evidence on the ward, such activity is less frequent and intense.

Training Institute

The San Francisco Transactional Analysis Seminars had two visitors from abroad who came for intensive training in TA. Dr. Zeirith Rojas-Alfaro, a psychiatrist, from San Jose, Costa Rica, came for three months on a Pan-American Fellowship, and Dr. Paul Freeling, a general practitioner from Southall, Middlesex, England, came for six weeks on a Nuffield Fellowship, and both of them contributed refreshing viewpoints to the discussions of the Seminars.

LECTURING TO PATIENTS ON TRANSACTIONAL ANALYSIS

Ray Poindexter, M.D.

This is a report of a project carried on during the past year in teaching TA theory to people who had applied for help at a community mental health clinic. In groups of 8 to 12, a total of 108 people attended a series of 8 one-hour weekly lectures. Many of the students reported that they were "better" following the series, and desired further improvement by entering the regular individual or group therapy programs.

When asked how they were better, a mother reported, "My daughter isn't failing in school now. I've taught this to her and we are better. I can help her because I'm throwing off my Parent". A single girl said, "I have changed my boy friends since attending these classes. I can see now why I was having so much trouble with my Child collecting all those opinionated Parents as boy friends. I only have two boy friends now. I got rid of three". A production worker told of reducing his drinking and gambling by 50 per cent and of turning in six work improvement suggestions (none previously), and of receiving a promotion. His reasons, "I have known I was immature but I couldn't do anythng about it. Now I know what immaturity is and I am doing something about it. I am using my head and not letting my Child or my Parent be frightened or make decisions now."

Upon completing the lectures, 98 per cent of the student-patients wanted to enter group therapy. With this source of patient's asking for continuing therapy, the clinic's therapists are now seeing 100 per cent more patients in group therapy and 50 per cent fewer patients in individual therapy, than they were prior to the lecture series.

The clinic is now receiving 25 per cent more referrals, the same professional staff is seeing 25 per cent more patients and the waiting list has essentially disappeared. Some of the patients now in group therapy are neighbors or friends of patients who first heard the lectures. One neighbor's reason for wanting to attend the lectures was: "I didn't think there was anything wrong with Mary, but she has changed so much since she heard those lectures. If she can change like that I want to see what I can do about myself."

A research study was proposed to validate this continuing experience which appears to permit people to use their intellect in bringing about improvement in their lives. Discussion at the Seminars centered around the great amount of money and effort that could be expended by the large number of researchers who would have to stop treating patients in order to try and prove that the patients who say they are better, actually are. It was noted however that the patients who report they are better, know why they were troubled and they know how they have been able to bring about changes in their lives. This is by learning who people are, how they communicate with each other, and what people do when they get together (Transactional Analysis). This is what the patients heard in the lectures and most of those who report they are better, and know why, are becoming different people and not merely better neurotic or schizophrenic patients whose Child is engaged in "Gee, You're Wonderful Professor."

SPECIAL NOTICE

Due to secretarial difficulties, there has been a lag, and in some cases omissions, in the extra-mural activities of the ITAA, including the Bulletin, Transactional Pubs, acknowledgment of memberships, Certificates of Completion, and general correspondence. We sincerely regret that some people have been inconvenienced by our growing pains. Anyone who has not received the Bulletin regularly, has back orders with Transactional Pubs, wants a Certificate of Completion, or has outstanding correspondence on other matters, is requested to write to the ITAA, Box 5747, Carmel, California 93921, and if sufficient details are supplied to identify the records, the situation will be rectified as promptly as possible. **Please note that the address at Box 156, Mount Eden, California, is no longer active and no further correspondence should be addressed there.**

Please address all correspondence on these matters to ITAA, Box 5747, Carmel, California 93921.

Annual Meeting of the ITAA

The Second Annual Meeting of the International Transactional Analysis Association was held Tuesday, October 26, 1965, at 165 Collins Street, San Francisco, California, following the regular scientific meeting of the San Francisco Transactional Analysis Association. There were eight Directors and 25 other members present. Following the Treasurer's report, the meeting proceeded with election of officers and directors for 1966. The 28 Directors elected come from four countries and represent the following professions: Corrections, Education, General Medicine, Psychiatry, Psychology, Social Work, and Theology.

This new Board of Directors is listed on the inside front cover of this issue of the Bulletin. Officers for the coming year are as follows:

President: David Kupfer, Ph.D.
Vice-President: Claude Steiner, Ph.D.
Secretary: Eric Berne, M.D.
Treasurer: Viola Litt Callahan, M.A.

The members of the "Sacramento Branch of the ITAA" then brought up the question of changing their name and expanding their activities in accordance with articles of incorporation drawn up by their attorney, who was present. Because of the complex questions raised, it was decided to hold another meeting on November 2. At that time the constitution and by-laws of the ITAA were brought into question, and as these stand, they are inadequate to deal with the many new situations confronting the ITAA. It was therefore decided to discuss these problems at the next Executive Congress.

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINARS

Seminar 202, Transactional Analysis in Clinical Practice, resumes meeting every Tuesday evening at 8:30 p.m. at the office of Eric Berne, M.D., 165 Collins Street in San Francisco. (Go out Geary and turn right three blocks past Masonic.) Professional visitors are welcome. It is suggested that they check in advance by telephone, and they are requested not to arrive before 8:20 p.m. There is no fee for this Seminar, but regular visitors are invited to become members of the SFTAS.

WINTER INTRODUCTORY COURSE

The next introductory Course in Transactional Analysis will be offered starting February 16, 1966. It is open to those who are engaged in professional work in those fields or are registered for advanced study at a recognized university or college. A Certificate of Completion will be issued to those who attend. Enrollment will be limited to 30 on a first come, first serve basis.

101. INTRODUCTORY SOCIAL DYNAMICS. A theoretical introduction to transactional analysis and group dynamics. Wednesday evenings at 8:30. Seven meetings Febrauary 16—March 30, 1966. Fee $50, payable in advance. (Undergraduates $25).

For further information or enrollment, write the San Francisco Transactional Analysis Seminars, P.O. Box 5747, Carmel, California 93921, or call the Secretary, Pamela Blum, 931-0945, after 6 p.m. NOTE: This course is already filled. The next course will be given in October 1966.

Annual Meeting of the SFTAS

The Fifth Annual Business Meeting of the San Francisco Transactional Analysis Seminars was held on Election Day, Tuesday, November 2, 1965, at 165 Collins Street in San Francisco, following the regular scientific meeting. Eight Directors and 20 members were present. After the financial report and other routine matters, Officers and Directors were elected for 1966 as follows:

President: Kenneth Everts, M.D.
Vice-President: Ray Poindexter, M.D.
Secretary: Eric Berne, M.D.
Treasurer: Melvin Boyce, B.S.
Directors: Joseph Concannon, M.S.W., Herbert Courland, B.A., Pat Crossman, C.S.W., John Dusay, M.D., James Horewitz, M.D., Margaret Northcott, M.A., William Underwood, A.B., Robert Wald, M.D.

Introductory Courses Given

The Introductory Course 101P given in San Francisco during October, November, and December had the largest enrollment in the history of the San Francisco Seminars, over 40 people, and the graduation party at the home of Claude Steiner in Berkeley was attended by many members of the Advanced Seminar as well. Concurrently, Introductory Courses were being given in Sacramento, with over 80 enrolled, and in Los Angeles with about 20 enrollees. Taken along with advanced seminars and teaching in hospitals and clinics by our Teaching Members, this means that during any trimester, almost 300 professional people are receiving formal ongoing instruction in transactional analysis. This does not include lectures and reading in general university courses in psychology and social work. The problems arising from this growth were the chief topic of discussion at the recent Executive Congress.

INSTITUTE FOR TRANSACTIONAL ANALYSIS (SACRAMENTO)

The Advanced (202) Seminar held its first meeting of the year at Sutter Memorial Hospital on Thursday, January 20, 1966. A. M. Freed talked on "New Uses of PAC with High School Students, Probationers, and their Parents."

The next Introductory Course will be held at the Sutter Memorial Hospital at 8 p.m., Monday evenings for eight weeks beginning March 14. Instructor will be Thomas A. Harris, M.D.

To date 136 people have graduated from the Sacramento 101. They include 24 medical doctors (of whom 8 are psychiatrists), 11 psychologists, 11 clergymen, 15 nurses, 14 parole officers, 16 school counselors, 21 social workers, 9 attorneys and judges, 7 educators and 8 people in government and research. About 80 of these are continuing in the Advanced 202 Seminar, which is led by Gordon Haiberg, M.D. For information regarding the Introductory and Advanced Seminars, write The Institute for Transactional Analysis, 5301 F Street, Sacramento, or phone 452-0226.

COURSES DUE IN NEW YORK AND PHILADELPHIA

David Kupfer, Ph.D., will offer Introductory Courses in Transactional Analysis in New York and in Philadelphia in early April, 1966. The courses will include a theoretical introduction to Transactional Analysis and Group Dynamics. They are open to those with a degree in the medical or social sciences who are engaged in professional work in those fields or are registered for advanced study at a university. Fee $50, payable in advance. Enrollment will be limited. The exact dates and places will be announced later. Communications should be addressed to: David Kupfer, Ph.D., Box 2158, Carmel, California 93921.

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, clergymen, and educators, The teaching is primarily oriented toward group therapy and group work based on transactional analysis, and research in social dynamics. The Association is now in its ninth year, and is self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Societies are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible. Qualified people are welcome to visit the meetings of Seminars and Societies. They can become Associate Members of the ITAA by filling out the application blank below. They may become Regular Members after taking a complete Introductory Course or its equivalent, and may apply for Clinical or Research Membership after sufficient training to meet the standards of the Membership Committee.

All classes of membership include: (1) Subscription to the Bulletin (2) Entree to Seminars and Societies when travelling (3) Hospitality of the temporary ITAA headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences (5) Listing in the Annual Geographical List of Members.

Those desiring Associate Membership (or Regular Membership if eligible) may fill in the coupon below and enclose the membership fee. Subscriptions to the Bulletin are available to institutions and libraries at $5.00 per year and to individual professional workers at $10.00 per year.

Please advise us of change of address. Use the coupon below to apply for membership or to renew it when it falls due. Please enclose membership fee.

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TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 5 APRIL 1966 NUMBER 18

SCIENTIFIC PROCEEDINGS

SAN FRANCISCO - - - - - - - - - 111

MONTEREY PENINSULA - - - - - - - - 114

NEW YORK TA SEMINAR - - - - - - - - 116

LIST OF MEMBERS - - - - - - - - - 117

PUBLICATIONS AVAILABLE - - - - - - - - 130

WRITING FOR THE BULLETIN - - - - - - - - 131

THE PUBLIC EYE - - - - - - - - - - 132
E. Berne

SCRIPT AND COUNTERSCRIPT - - - - - - - 133
C. Steiner

A LIVING PROBLEM - - - - - - - - - 135
S. St. Cyr

RESPONSE IN THERAPY - - - - - - - - - 136
J. M. Dusay

ORGANIZATIONAL NEWS - - - - - - - - 138

EDUCATIONAL ACTIVITIES - - - - - - - - 139

TRANSACTIONAL ANALYSIS BULLETIN

published quarterly by the

International Transactional Analysis Association

and its affiliates

A Non-profit Educational Corporation

VOLUME 5 APRIL 1966 NUMBER 18

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. A membership registration blank will be found on the back cover of each issue. For institutions & libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and enquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California, 93921.

Contributors

Articles, clinical notes, news items, and letters should be addressed to the Editor at the above address. They should not exceed two double-spaced typewritten pages in length, except by special arrangement.

The International Transactional Analysis Association

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The abstracts below are written for professional readers who are assumed to be familiar with the principles and language of transactional analysis.

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINARS

January 18. Jay Nichols: "An Initial Meeting."

This first meeting of a clinic group was attended by two men and three women. Nichols had never seen these people before and first learned names, then asked each why he was in the group. Each presented credentials which entitled him to membership. When each was asked what he wanted for himself from the group, no clear-cut contracts could be established. After spending the first half of the meeting getting acquainted, Nichols briefly described PAC. After 55 minutes Joe talked about a job he could have for the taking, but for which he just wasn't prepared. Two of the women joined his game of "Why Don't You, Yes But," after which Joe said what he really wanted to do was get back into a mental hospital. The therapist said that could be arranged. The therapist then interrupted the game and described it to the group. One of the two women denied she had been playing it and went right on playing it. Nichols told Joe it sounded as though he had definite plans to not take the job and Joe agreed. Joe denied getting a kick out of the game; the other man in the group said he did get a kick out of it, after which Joe said maybe he did, too, without realizing it. In a few days Joe did take a job and was unable to attend further meetings of this daytime group.

January 25 & March 22. James Horewitz: "A Lagging Therapy Group."

Horewitz presented the twelfth meeting of a group with poor attendance and many withdrawals: out of 11 original members only 4 remained and only 3 came to the meeting presented. He has two other groups in which attendance averages 98 per cent.

The contracts of the three women present were unclear. One wanted a husband, the other wanted "to pick up the pieces of herself," and the third, who is concurrently in psychoanalysis, wanted to find out if people liked her. It appeared that each of them really wanted to see the therapist individually. The Seminar decided that the masculinity content of the group needed to be higher and that some male patients should be introduced who had "penises and not phalluses."

Three men were subsequently added to the group, and the contracts clarified. The attendance since has been raised to 98 per cent.

At the twentieth meeting, presented two months later, seven members out of a possible seven were present. Horewitz's question was how to cure Harold. Both Horewitz and Harold knew Harold was a chronic paranoid schizophrenic

and the contract was to make Harold a non-schizophrenic. Harold had quit and re-entered treatment several times. Harold's words such as "respect, cooperation, and discipline" indicated Harold's Parent was strongly governing his Child. In fact, Harold's stern father had commanded respect and obedience with a large club. The seminar felt that Harold's Child needed a substitute for the club or permission to act and think without the threat of a club. Harold came on with a demeanor inviting questions and wore a sweatshirt saying "stroke me." Harold needed permission to continue in treatment instead of building up guilt-free quits. First, the seminar felt Horewitz would have to settle the question with Harold as to whether or not he would kill himself. Then Horewitz could proceed with the matter of cure.

February 1. John Dusay: "A Group of Acute Psychotics."

This was the tape of the second meeting of a group of acute psychotics. The question was whether they were maintaining their psychoses by playing "Ever Been." Some of the pertinent slogans of the patients were: "I've Got a World;" "Nobody Knows the Trouble I've Seen;" "They Hate Me, Isn't It Awful;" "It's Wondrous;" "I've Been in Better State Hospitals Than You." There was a great similarity between these proceedings and the popular pastime "Have You Ever Been in the Wondrous World of LSD and Pot?"

February 8. Cecille Hochman: "The Montessori Method."

Hochman presented a Montessori school. The Adult is left free to data-process in its own order, in contrast to the permissiveness of Bank Street, where the Child is left to "express itself" with little Adult control; it is also different from using teaching machines, where the child has to proceed in the order set by the machine (see TAB 5: 92, January 1966). Montessori schools are "normalizing" rather than "abnormalizing." The teachers vary in effectiveness; some tend to become more interested in the "official" materials used than in the children, and do not cope well with "extraneous" materials: e.g., they are effective in the school room but at a loss when the children play in the garden with trees and flowers. Some do not cope well with spontaneity; they want "a reason" if children wish to walk in the rain. The question was, what can Hochman do with and about these observations without getting fired?

February 15. & March 8: Claude Steiner: "Script and Counterscript." (See page 133).

February 22. Margaret Northcott: "Teaching TA to Mothers."

Northcott presented a group of three mothers of young mentally retarded children. The contracts are set up as follows: Mrs. A wants to learn more about herself and her own behavior. Mrs. B. wants to teach her daughter to "respect other people's property and not grab things." Mrs. C. wants to come and see "what group therapy is and whether there's anything in it for me." The agree-

ment is that she will come for six visits; Mrs. C. and the therapist will determine during this time whether there is a suitable contract to be agreed upon.

The question was how to clarify these contracts further. The authority structure of the school raised the question of whether the therapist has a clear initial contract with the organization and clear permission to carry on group therapy.

February 22 & March 22. Pat Crossman: "Resolution of Scripts."

(This will be published in a later issue).

March 1. Victor Matson: "A Homosexual in a Couples' Group."

This group in a Pastoral Counseling Service consists of three married couples, a married man and a single man (X), who fears that he is a homosexual. There was a game of Uproar between the therapist's Parent and X's Child. This was X's way of dealing with his fear of homosexual contact with the therapist and with the other male patient. The game can be terminated if the therapist refuses to play. Berne suggested that when two singles are in a couples' group they should be contra-sexual.

March 15. Donald Young: "The Frog and the Prince."

(To be published in the next issue).

March 29. (1) Elsie Brown: "Mothers at a Nursery School."

Brown described an attempt to set up a class in TA for mothers at a co-operative nursery school, where she is one of the mothers. The others were almost unanimously critical of TA. The Seminar discussed the probable reasons for this, as evidenced in Brown's presentation, and suggested changes in her attitude and procedure.

(2) Eric Berne: "A Therapy Group."

Berne described some difficulties which arose in a therapy group where he encouraged the members to talk as straight as possible. They stopped asking unanswerable questions and asked answerable ones instead, to which he did not know the answers. The reason some therapists talk is the same as the reason others don't talk: they don't know what to say. Some of the questions to ponder were: "We will do it your way. What is your way?" "What are you supposed to do in a transactional therapy group?" "We want to get cured instead of making progress. Tell us how to do it." "We'll do whatever you say. Give us an assignment." If the group is too co-operative, the therapist has to produce; therefore many therapists like their patients to express hostility, which gets the therapist off the hook, since he can spend the time analyzing the hostility instead of curing the patients.

January 7. Robert O'Brien: "A Symposium on Psychology of the Person."

O'Brien described a six session symposium, sponsored by a Unitarian Church of which he is the minister. Guest speakers were Gardner Murphy, Carl Rogers, Maurice Natanson, Frank Barron, J. B. Rhine, and Rollo May.

Features commented on by the Seminar concerned: (a) leadership, in that a central theme was designated for the speakers, rather than having a range of separate topics presented; both speakers and theme were chosen by the minister, not by a committee. (b) transactions between speaker and audience were set up so as to get audience participation in a dialogue and to avoid the feeling of having a "celebrity" appear just to be seen. (c) the contract with both speakers and audience was for education, including personal encounter and informal presentation. The speaker's Child got hooked by the informality, by being invited to dinner before the meeting, and by the discussion period after his presentation.

Similarities in the roles of minister and therapist were noted. Parent, Adult, and Child are all involved in that the contract with patients or parishioners is Adult, but the Child is asking for help and will see the minister or therapist as Parent. An anesthesiologist in the Seminar commented that his experience with pre-op interviews has convinced him that patients are not really interested in information about their forthcoming anesthesia; what they really want to know is whether they can depend on him as Parent to take care of them.

January 14. Ray Morgan & George MacFarlane: "First Meeting of a New Group."

Prior to the first meeting of a new group at an Army Hospital, each patient was seen individually and given a basic introduction to Transactional Analysis. The contract with the patients was to "help you understand yourselves and others so you can get better." The contract between the co-therapists was that one would lead while the other was to assist and learn about group therapy.

The Tape: Patients were asked to introduce themselves using first names only, to avoid military rank. The Seminar unanimously approved of this approach. Rules were stated by the therapists: attend at least four sessions, no violence, proceedings kept confidential, everyone free to interrupt at any time. The use of tapes was explained: for study by the therapists and the Seminar to improve leadership techniques, and for "records." The physical set-up, including the presence of a one-way mirror, was described and group members were told that they would be warned if someone were going to use it. The Seminar approved of mentioning the mirror but felt that the term "warned" indicated anxiety on the part of the therapists.

Consensus of Seminar: This was a good introduction to group therapy with a straight contract; every patient got stroked; the previous preparation of patients minimized their anxiety about entering a group.

January 21. David Kupfer: "An Ongoing Group."

Kupfer presented an ongoing group tape. The group life of members ranged from four months to four years. The Seminar was interested in clarifying several points.

1. How to handle questions asked by group members. Kupfer felt that the therapist who constantly refers questions back to the questioner is likely to be doing this to cover his own anxieties. His suggestion was to "answer the question first and then find out later why it was asked."

2. "Keep the initial contract with each patient in mind during every meeting." Bill, a salesman, had entered the group because he wasn't making enough money. At this meeting he said he was getting better. Kupfer immediately asked him whether he was earning more money; Bill confirmed that he was.

3. How to time a "you have the choice" confrontation for Maggie whose Child is very frightened and who tends to hear Adult confrontation as Parental accusation. Kupfer let his Child be playful with her. This was first met with suspicion: "You're making fun of me." Gradually Maggie's Adult could be convinced that Kupfer's Child was making fun *with* her Child against her Parent. Then the "choices" could be pointed out and were well accepted.

4. How patients are "prepared" for entering a group. Kupfer felt that a "preparation" is not necessary. It seems desirable but not necessary to see the patient at least once privately to become familiar with the basic history and to establish the therapeutic contract.

January 28. Ray Morgan & George MacFarlane: "Third Meeting of a New Group."

A husband and wife have attended two sessions without talking to each other. Instead they question the other members and the co-therapists or are silent, making the co-therapists anxious. The Seminar felt that the co-therapists wanted to be liked, but didn't know how to go about it. The anxiety the Child felt was handled by ignoring the couple.

The questions were: 1. How could the co-therapists get Frank and Charlotte to talk to each other? 2. How could Frank be stopped playing junior psychiatrist and become a group member?

The Seminar felt the therapist should say things like: "Tell him," "Who is he?" and "How do you feel about what he said? Answer him." The therapists' Child need to be "liked" is not therapeutic. The Adult earns respect.

March 18. Robert Goulding & David Kupfer: "Direct Handling of 'Court Room.' "

This was a tape of transactions between the co-therapists and John and Jane Doe, a young couple in their eighth TA group meeting. John and Jane offered "courtroom" briefs: the co-therapists attempted to break up the game by barring third-person statements, but John and Jane refused to talk to or look at each other, although they were seated side-by-side on a couch. The therapists broke up the game of "Courtroom" by putting Jane on a stool directly facing

John and forcing the couple to talk to each other. A mild game of "Uproar" developed, with golf, poker, and a daughter's doings used to avoid intimacy. Goulding wrote "Make love, not war," on a blackboard, while Kupfer asked "Why not make up right now?"

"Not with all these people in the room," John said.

"Let's go," both therapists said, and they and the group members left the room. When they returned, John and Jane were sitting side-by-side on the couch, as they had at the beginning, but they no longer talked past each other.

THE NEW YORK TRANSACTIONAL ANALYSIS SEMINAR

Following the workshop given in New York by David Kupfer at the beginning of April, a transactional analysis seminar was organized in that city. The NYTAS will meet on the first and third Sundays of each month at 8:30 p.m. at the home of Mary Wallace Boulton, 136 Waverly Place, telephone (212) OX 1-5642. The secretary pro tem is Marian Shur, 662-6790. The initial meeting dates are April 17, May 1, and May 15. Any professional people interested in learning how to use transactional analysis are invited to attend.

The three transactional analysts who were instrumental in establishing this seminar are: Mary Boulton, M.S.W., who is doing group and individual therapy at the New York Clinic for Mental Health; Barbara Rosenfeld, M.S.W., a very competent therapist who is now an interne at Beth Israel Hospital; and Alfred C. Wood, Jr., M.D., a psychoanalyst and child analyst who moved from Philadelphia to be with the Orange County Mental Health Services in Goshen, N.Y.

Our experience with new branches is that TA is a delicate plant at first because it has to grow in a foreign soil. We hope that any of our members who go to New York will time their visits so that they can attend a NYTAS meeting and give the members their encouragement, greetings, and the benefit of their knowledge. They will certainly find themselves at home in the congenial and hospitable atmosphere of the Boultons' apartment.

A THOUGHT FOR SPRING

. . . . There are at least six personalities distinctly to be recognized as taking part in the dialogue between John and Thomas.

Three Johns: (1) The real John; known only to his Maker. (2) John's ideal John; never the real one, and often very unlike him.
(3) Thomas's ideal John; never the real John, nor John's John, but often very unlike either.

Three Thomases: (1) The real Thomas. (2) Thomas's ideal Thomas.
(3) John's ideal Thomas.

Only one of the three Johns is taxed; only one can be weighed on a platform-balance; but the other two are just as important in the conversation . . . . . No wonder two disputants often get angry, when there are six of them talking and listening all at the same time.

— Oliver Wendell Holmes: *The Autocrat of the Breakfast Table*

International Transactional Analysis Association

Box 5747, Carmel, California

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IN PRESS

Principles of Group Treatment, by Eric Berne. Hard cover. Oxford University Press, due in May, 1966. Part I: General Principles of Group Treatment. Part II: Transactional Group Treatment. This is TAB Supplement No. 4, put out by Transactional Pubs. It will be a limited edition of 500 copies, the same as the trade edition except for a special title page. $6.76

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Condensed Introductory Course in Transactional Analysis, TAB Tape Supplement No. 2. Four lectures given at the Second Summer Conference, 1964. Four hours, 3 3/4 ips., professional recording. Temporarily out of stock. Due May, 1966. $26

Outline for an Introductory Course in Transactional Analysis and Social Dynamics, TAB Supplement No. 1. 13 pages in mimeograph, interleaved with blank foolscap pages for notes, giving topical headings for a course of eight lectures. This is useful for instructors, for those taking an Introductory Course, or for anyone desiring a summary of transactional theory. Temporarily out of print. Due June, 1966. $2.08

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INSTRUCTIONS FOR WRITING ABSTRACTS FOR THE BULLETIN

Abstracts of scientific presentations for publication in the Bulletin are subject to rigid requirements because of technical factors in the print shop. Any deviation from the instructions below, however trivial it may seem to an inexperienced writer, may require the editor to rewrite or retype the whole contribution, which the editor does not want to do. *The following requirements are basic for all scientific journals.*

(1.) Use standard size (8-1/2 x 11) white typing paper. (2) Do not use onionskin or transparent paper. (3) Do not use single space. Double or triple space. (4) Leave at least two inches top and bottom on each page, and margins of at least one inch. (5) If you do not have a typewriter, find a typist, otherwise the editor will have to type it. (6) If you are mad at the editor, please show it in some other way than by breaking these rules.

The following are the rules for the particular style of the TAB.

1. The heading should be underlined and should read: month and day (no year); name of presenter; title of presentation (less than 10 words, preferably 5, in quotes).

Example: **February 29. Cyprian St. Cyr: "Group Therapy with Abstract Writers."**

2. Abstracts should include new or instructive material only, and only enough background to give adequate context. The object is to present scientific or clinical material, not news.

Example: Do not write: "St. Cyr presented a picnic held at 3 p.m. on the beach at Santa Cruz attended by 3 psychiatrists and 2 anthropologists. After eating popcorn and hotdogs, it was reminded of that perhaps the purpose of having the picnic was to discuss abstracts and their manner of writing."

Do write: "St. Cyr presented a picnic of clinical abstract writers held at a crowded beach. The main game was Why Don't You . . . Yes But. The Seminar felt that this would not have occurred if the beach had been less crowded."

(3.) The presenter is referred to by his full surname: St. Cyr, Horseley, etc., and not by initial or first name. (4.) Abstracts should be about 250 words, and in no case should exceed 500 words. Count the actual words in 10 full lines and estimate from that. (5.) The first sheet that comes out of the typewriter is called a first draft. This should be torn up and thrown away. The second attempt may begin to make sense, and the third or fourth may be printable. (6.) If you are mad at the editor, please show it in some other way than by sending in a first draft. (7.) Unless you are a professional writer, it will take about two hours to write an acceptable abstract. (8.) Please keep these instructions so you can find them when you need them. (9.) Remember that transactional analysts can and do become rich, healthy, happy and brave and get free trips to New York, Hawaii, and Europe, if they work hard. If you do not work hard or are mad at the editor, you may end up poor, sick, unhappy and scared and will have to pay your own fare wherever you go. (10.) The editor loves hard working transactional analysts who study English grammar and write good abstracts and become rich, healthy, happy, and brave.

THE PUBLIC EYE (Concluded)

Eric Berne, M.D.

(The wide circulation of Games People Play has brought the author into some prominence in the mass media. The previous two instalments discussed some consequences of this publicity and the concluding instalment outlines his philosophical position in this regard).

An author can justify his co-operation on three grounds: existential, educational, and compliant. Exsitentially, a TV show is a challenge which he should accept, if only out of pride, and a confrontation on massive scale which he should go through, if only to see whether he can come out clean. A magazine article has the same risky quality of encounter in a world he never made, although to a lesser degree, and he should accept the opportunity for the same reasons. Those who decline are perhaps making a virtue of necessity, a necessity which forbids them to cross the threshold of their towers and to venture forth from the conventions of the kind. Educationally, the rough and tumble of mass media - TV, poular magazines, even the theatre - offers him a chance for service away from the chambers where mental health films are shown to a sadly restricted audience, and outside of the prim or sentimental prose of the staid monthlies which cater to the higher aspirations. The mass media allow him to teach (if he is capable of reaching them) the masses of people of, by, and for whom the government exists: that great power which can best be reached by easy words, juicy thoughts, and attractive presentations. They want to see and hear him, and he should comply, and enjoy his compliance and make sure that they enjoy it too. If psychiatry is for all the people, then all the people should be told about it, not in a form which all but a few may soon consider stale, but in the form they most desire and which they are most willing to listen to.

Important Notice

At least it's important to me and to the people who take my 101 Course. Some time in the spring or summer of 1965 I lent my teaching tape (a family meeting of mother, father, and daughter, with my comments interspersed) to someone at our Tuesday (or Wednesday) evening seminar. It has not yet been returned and is badly needed—very badly. Will the borrower please write or telephone me (415-922-3893) and I will arrange to have it picked up. — E. Berne.

San Francisco Introductory Course Completed

The Winter Introductory Course 101Q was attended by 40 people, insluding psychiatrists, psychologists, social workers, correctional workers, physicians, clergymen, teachers, a dentist, an attorney, a YMCA worker, and others. The graduation party was held at the home of Eve Hitchcock following the first Jake Gimbel Lecture. The next Introductory Course will be in October, 1966.

SCRIPT AND COUNTERSCRIPT

Claude Steiner, Ph.D.

Will power is a concept meaningful to individuals who find themselves driven to some form of self destruction. Essentially, will power is the contraposition of the Parent against the demands of the script.

Alcoholics Anonymous (A.A.) considers will power a relatively useless concept. Living "a day at a time" is seen as far more effective, and from the point of view of script psychology this approach makes good sense. Living a day at a time reduces life to a long series of short term episodes which deprive the script of a matrix for development. This evens out the odds in the contest between the script and will power and gives will power an even chance.

Experience with well advanced alcoholics indicates that the tragic ending of the script has usually been temporarily interdicted by periods during which will power seems to triumph over the script. The unfolding of this apparent reversal of the script can be called the *counterscript*. The counterscript as well as will power have their origin in the Parent.

On the stage, a tragedy to be intuitively effective depends on the reflection of both these elements: the script, and a period during which the hero seems to avert the tragic ending. In addition it seems essential for intuitive effectiveness that neither the hero nor the audience believe that the tragic ending has been truly averted.

To the therapist, whose task is to avert the tragic ending, it is important to be able to distinguish between the unfolding of the counterscript, and a cure. Structurally, script and counterscript are Parental precipitates, and therefore superficially indistinguishable, but closer scrutiny reveals important differences.

In the case of a non-masculinity script the structural analysis is as follows. Consistent with the simplest Oedipal identification scheme in which, for a boy, mother tells him what to do and father shows him how, it is mother's Child (Cm) (Figure 1A) who "calls the shots". To Cm masculine behavior is an omen of desertion. As a protection against the threat of loneliness she marries a non-masculine male with whom she plays IFWY. As their son begins to exhibit masculine behavior, Cm will react with swift disapproval. From the point of view of learning-psychology this reaction is seen as negatively reinforcing. Negative reinforcement is known to be most effective in shaping avoidant behavior extremely resistive to extinction.

Thus, mother's strong negative injunction ("Don't be a man") causes the boy to avoid masculine behavior. The alternative to masculine behavior is father's demonstration of how to be a non-man. Mother's Child (Cm) becomes the boy's Parent (P1), and father's Adult ("Here is how") becomes the boy's archaic Adult (A1) (Figure 1C).

During puberty and after, both mother's and father's Parents (Pm and Pf) develop expectations of manhood of from the boy ("Be a man"). In the full grown offspring this expectation becomes the Parent (P2) while the earlier parental injunction ("Don't be a man") is lodged in C2 as P1.

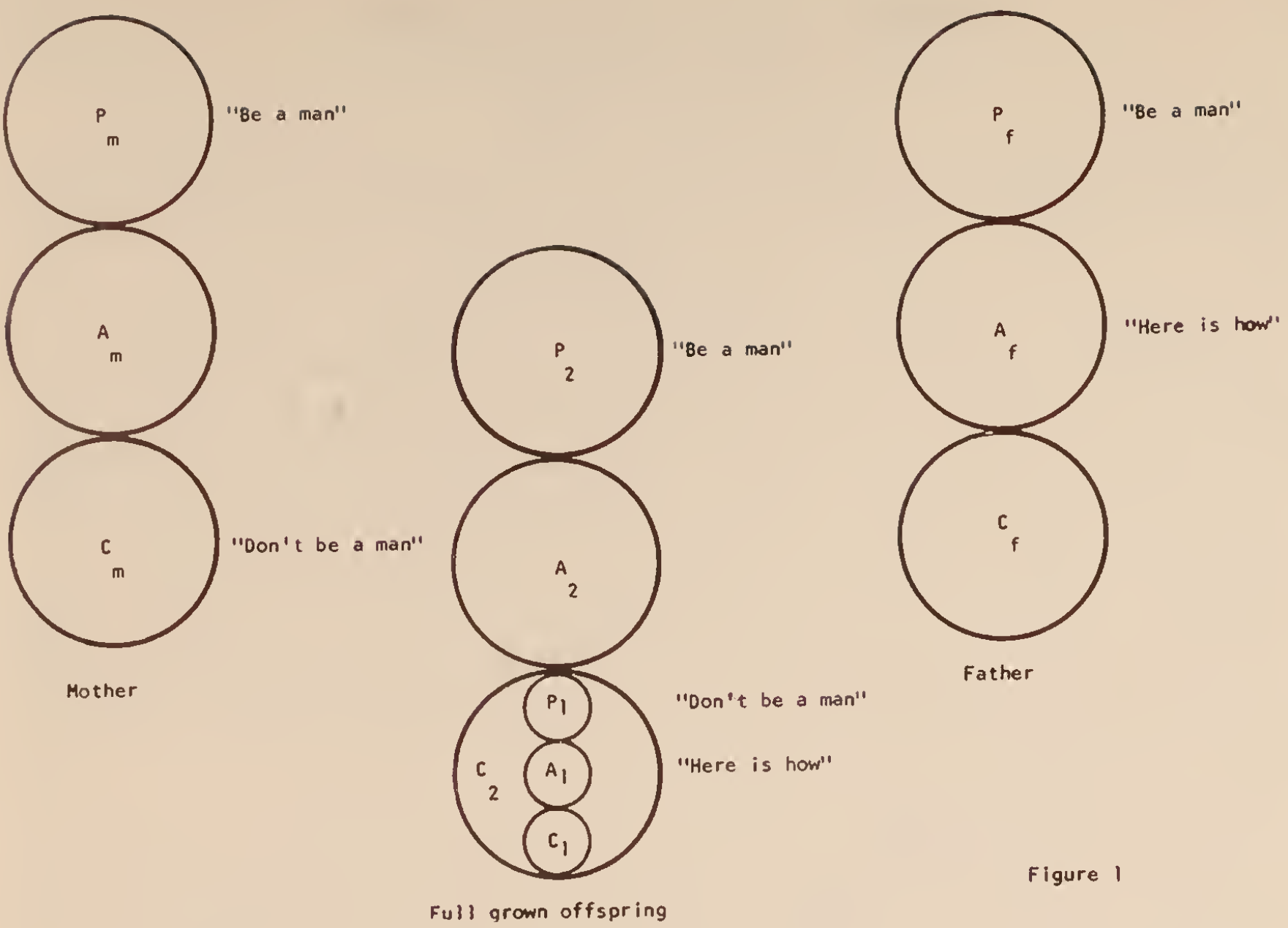

Figure 1

The script is determined by P1 and the counterscript by P2. The script is pre-Oedipal, non-verbal, preconscious, visceral (gut level) while the counterscript is post-Oedipal, verbal, conscious; and the former preempts the latter.

The counterscript usually unfolds in early maturity; in the case above described it takes the form of fairly successful sexual and athletic activity. But this counterscript lacked conviction and soon succumbed to mother's injunction. In the case of alcoholics the script and counterscript alternate with every binge.

It is important to emphasize the non-verbal nature of the script. Typically, patients will deny that their parents gave them certain injunctions. Typically, again, they will agree as soon as it is made clear that these injunctions were probably non-verbal. The non-verbal nature of the script dictates the basis for another important therapeutic maneuver: when a patient is playing out a counterscript and is making a bid for its validity as a cure ("Honestly Doc, I'll never touch another drop") the response of choice is not verbal denial, but non-verbal head shaking.

The theory implies that there is a deep, primitive, visceral discomfort associated with counterscript behavior, often placed by alcoholics in the pit of the stomach. Consistent with this there is a deep primitive visceral comfort associated with script behavior, Thus at the worst point of alcoholic withdrawal one man heard his mother's voice saying: "Isn't this fun, Jerry?". The postulate that the hangover is the alcoholic's payoff fits squarely into script psychology. During the hangover the individual is given temporary respite from the demands of his parent's Child; the hangover is the epitome of acquiescence to the parental (P2) injunction.

As far as A.A. is concerned alcoholism is an incurable disease; to the transactional analyst alcoholism is a script, and unless the show is shut down it will draw to its inevitable tragic ending, whether the person drinks himself to death or becomes a "dry alcoholic" whose every waking breath is drained of life by the relentless application of will power. Sobriety is A.A.'s goal, but to the transactional analyst sobriety may mean "making progress"; five years of progress are nullified in one binge.

For a cure to occur two elements seem of importance. Permission to the Child not to follow the parental injunction, which in the case of the alcoholic means permission *not* to drink, and decontamination of the Adult.

In the case of a 17 year old girl with a script that demanded that she become pregnant and drop out of high school as an adaptation to the injunction ("Don't outdo me"), permission was given "not to get pregnant and to outdo mother" through a strong, supportive, parental statement from the therapist. Decontamination of the Adult was accomplished by cutting through a number of erroneous ideas about the facts of conception by obtaining a prescription for birth control pills. Almost immediate, joyful relief followed. For the next weeks depression was evident but it slowly yielded as the patient developed a course of life to replace the abandoned script.

A well elaborated counterscript can become the nucleus of the new course of life making it possible for some patients to go through this therapeutic process with a minimum of depression.

Dr. Steiner is Co-ordinator of group therapy, Center for Special Problems, S.F.

* * *

A LIVING PROBLEM

(We present as a guest contributor Cyprian St. Cyr's nephew, Sebastian)

"SELF-ACTUALIZATION"

Sebastian St. Cyr

On his way through the Ozarks, Donald Dare, who had braved innumerable dangers in his lifetime, paid a visit to R. Horseley, the sage. Mockingly, Dare asked: "Tell me, old man, since you say you can read the future, will I achieve psychic self-actualization or will I wind up in the gutter, haha?" Horseley hesitated briefly and said: "You will live a long agony of self-destruction."

Don was struck with awe and terror and that very day he got drunk and stayed drunk for a week. Twenty years later as he lay in the gutter, he saw the face of Horseley reflected in a puddle. "Old man," asked Don, "How did you know?" "I didn't know," said Horseley, "it was just a lucky guess." "How can you be so cruel?" cried Don, "Had you guessed that I would lead a life of self-actualization, I would not be lying in the gutter today!" Horseley shook his head sadly and disappeared.

Questions: (1) Was it a lucky guess? (2) If Dare had not visited Horseley, would he have become an alcoholic? (3) Had Horseley predicted self-actualization, would Dare have realized it?

RESPONSE

J. M. Dusay, M.D.

(Abstract of a paper presented at the 121st Annual Meeting of the American Psychiatric Association in New York, May, 1965)

Regardless of the theoretical persuasion of the therapist or the pathology of the patient, the final common pathway between the therapist and patient is the transaction. When the therapist recognizes that the transactional stimulus from a patient is an invitation to a game or when he observes a game in progress amongst group therapy members, there are four available types of response:

1. Expose the game
2. Ignore the game
3. Offer an alternative
4. Play the game

Of course, when the therapist does not recognize that he is being invited to engage in a game because of insufficient experience, inadequate training, inattention, preoccupation with trivia or profundities, etc., then his response is likely to be naive and whether or not it is of benefit to the patient will be left to chance. When the therapist is aware of the patient's game, he may then choose which of the four available types of response would be most appropriate and this choice will determine the course of therapy and possibly the extent to which the patient is able to achieve or change his life goals. It is to be emphasized that none of the four types of response are invariably found to be good or bad, but choice is to be made relative to the therapeutic contract. It is less useful, for example, to ask whether or not the therapist plays a particular game with a patient, but it has meaning to ask, "Under what circumstance does the therapist play a particular game?"

Analysis of tape-recorded weekly group psychotherapy sessions over a two-year-period of time provided the following examples:

David entered the group and his first question was, "What are we supposed to do here?" As might be predicted, a series of "helpful" suggestions from the other group members were swiftly provided, all of which were successfully rejected by David. When the therapist clearly recognized the "Why Don't You—Yes But" (YDYB) game, he explored the relationship of this behavior to the patient's contract which was to be able to make more money. When it was ascertained that YDYB was also being played with his current employer, the therapist decided that exposure was necessary and waited for the next opportunity. When asked, "What should I do now?", the therapist used an antithesis saying, "Does it matter if I tell you what to do?" and this was followed by an intelligent discussion of the game. Repeated exposure brought about an alteration in David's behavior in the group which correlated positively with his making more money and fulfilling his contract with the therapist.

Richard complained about how his parents would unfairly beat him physically when he was a child. In the group setting, he told a preposterous

"lie" which was easily detected by the therapist because of gross inconsistencies in a story that he had also told to the therapist in prior contacts. The temptation for the therapist to publicly expose the "lie" was nearly irresistible; however, at this point the therapist chose to ignore the invitation to play "Kick Me" with the patient, feeling that Richard could succeed in getting kicked almost anywhere. Had the therapist exposed the game at that point, the patient would probably have left the group because he would have considered it an unfair "Kick"; however, he remained to explore his behavioral patterns and he later confessed that he sought negative attention in preference to no attention at all.

Under different circumstances the therapist played "Kick Me" with Rose, a patient who had undergone various modalities of treatment for more than ten years including long and short term hospitalization, drugs, electroshock, individual and group therapy, etc. Through all of this she persisted in playing an especially archaic game of "Uproar" periodically whereby she would respond to stimuli almost indiscriminately and usually land in the hospital. The therapist considered going along with her psychotic "Uproar" and was trying to decide whether or not to call the police to remove her to a receiving ward; however, before going along with the "Uproar", the therapist offered her the opportunity to play "Kick Me" instead by describing her behavior judiciously to her by stating, "Rose, you are making an ass of yourself." With a surprised and incredulous look on her face, Rose halted the archaic "Uproar" and directed what was previously free-floating criticism to the therapist. During the session she berated the therapist for treating her that way, accused him of being like the therapists in the past (only worse), but finally she pouted her way into a position of "Why Does This Always Happen To Me?" Although she was angry and pouting when she left the session, she did leave at the regularly scheduled time, through the front door, without police escort and was able to resume her daily functioning without a needless trip to the inpatient wards.

Fanny had for years been a "backward" patient at a remote State Hospital following her act of infanticide. Now functioning as a "middle-class housewife", she maintained herself by following the doctor's advice that she take her medicines and by essentially saying: "Gee, aren't you a wonderful doctor" and "Gee, isn't this a wonderful Institute", etc. Her stated contract was to be able to remain at home and not be re-hospitalized. The therapist therefore chose to play her game and modestly agreed with her endorsement of his talents. Although other group members occasionally took issue with her as to the therapist's qualities, she persisted and has until the present fulfilled her contract.

The above are clinical examples of the four types of response possible in psychotherapy. From these the therapist makes his choice depending on the circumstances.

Dr. Dusay is a Senior Resident at the Langley Porter Neuropsychiatric Institute and a Clinical Member of the International Transactional Analysis Association.

SUMMER CONFERENCE

The Fourth Annual Summer Conference on Transactional Analysis will be held in Monterey, California, on Saturday and Sunday, August 20-21, 1966. There will be three sections: Clinical I, Clinical II, and an Introductory Course. The Clinical Sections will include panels, workshops, and papers on the following subjects: Pastoral Counselling, Treatment of In-Patients, Alcoholism, Nursing (General and Psychiatric), Treatment of Out-Patients, The First Meeting of a New Group, Use of TA by Physicians, Surgeons, and Obstetricians, TA in Schools, and Recent Advances in Group Treatment. There will also be open time for papers on other subjects.

Anyone who wishes to present a paper, to serve on any of the above panels or workshops, or to suggest other topics for discussion, should write to David Kupfer, Ph.D., Box 2158, Carmel, California, 93921.

GEOGRAPHICAL LIST OF MEMBERS

Any corrections or additions to the list of members published in this issue should be sent to ITAA, Box 5747, Carmel, California. The ITAA should be notified of changes of address so that the Bulletin and other correspondence can be delivered promptly.

CONSTITUTION AND BY-LAWS

With the expansion of the ITAA and the formation of new branches it has become necessary to revise the constitution and by-laws. The principal proposed revisions will be published in the next issue of the Bulletin so that they can be voted on at the Summer Conference. Meanwhile, anyone who has any suggestions in this respect is invited to submit them to the ITAA.

NEW HEADQUARTERS

Plans for the new headquarters are proceeding well. There will be an office for the ITAA, the Bulletin, and Transactional Pubs. In connection with the Pubs, it is planned to have a book-store so that there will be direct over-the-counter sales as well as mail-orders, beginning with a selected list of books of particular interest to transactional analysts. The headquarters will be housed in the same building as the proposed Institute of Transactional Analysis in Carmel, California.

GEORGE

(Our Sponsored Orphan in Crete)

George writes: "During the holidays we sang carols. I thus earned 10 drs. (34 cents). We were five children and they also offered us candy and sweets. In my village they have built a bell tower which is 50 metres high and it has an electric bell. It is very beautiful.

EDUCATIONAL ACTIVITIES

Seminar 202, Transactional Analysis in Clinical Practice, will meet every Tuesday evening at 8:30 p.m. at the office of Eric Berne, M.D., 165 Collins Street in San Francisco. (Go out Geary and turn right three blocks past Masonic.) Professional visitors are welcome. It is suggested that they check in advance by telephone, and they are requested not to arrive before 8:20 p.m. There is no fee for this Seminar, but regular visitors are invited to become members of the SFTAS.

This Seminar will not meet May 10 because of the APA Convention in Atlantic City, nor on May 17, July 12 or 19.

TA AT THE APA

The Annual Meeting of the American Psychiatric Association will be held in Atlantic City, N.J., the week of May 9. There will be an evening panel on "Transactional Analysis in Marital Therapy" at 8 p.m. on Tuesday, May 10, with Eric Berne, John Dusay, Bernard Greene, Robert Goulding, Thomas Harris, and Alfred Wood. On Wednesday afternoon Thomas Harris will present a paper on "Transactional Analysis in Private Practice," with Eric Berne as the formal discussant. It is also planned to have a hospitality headquarters, to which all our members and other interested parties are invited to browse, rest, and talk, with refreshments supplied by courtesy of the ITAA.

TA AT THE AOA

The Annual Meeting of the American Orthopsychiatric Association was held at the Jack Tar and Hilton Hotels in San Francisco the week of April 11. Our hospitality headquarters at the Hilton was open from Thursday afternoon until Saturday morning, with Pamela Blum acting as hostess and Peter Lit, a sympathetic volunteer, tending bar. A large number of our members and out-of-town visitors enjoyed themselves at the festivities.

JAKE GIMBEL LECTURES

Eric Berne has been appointed by the University of California to give the 1966 Jake Gimbel Sex Psychology Lectures. The series will be entitled "Sex in Human Living." The first four lectures will be given in the Medical Sciences Auditorium, San Francisco Medical Centre, at 8:30 p.m. on Wednesday evenings, as follows:

April 6. Talking About Sex (Monosyllables and polysyllables).
April 13. Forms of Human Relationship (Friendship and sex).
April 20. Sex and Well-Being (This is about preventive intimacy).
April 27. Sexual Games

The fifth lecture, "Language and Lovers," will be given in the Field House, U.C. at Santa Cruz, on May 23 at 8:30 p.m. All TA's are invited to attend.

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, clergymen, and educators, The teaching is primarily oriented toward group therapy and group work based on transactional analysis, and research in social dynamics. The Association is now in its ninth year, and is self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Societies are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible. Qualified people are welcome to visit the meetings of Seminars and Societies. They can become Associate Members of the ITAA by filling out the application blank below. They may become Regular Members after taking a complete Introductory Course or its equivalent, and may apply for Clinical or Research Membership after their training meets the standards of the Membership Committee.

All classes of membership include: (1) Subscription to the Bulletin (2) Entree to Seminars and Societies when travelling (3) Hospitality of the temporary ITAA headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences (5) Listing in the Annual Geographical List of Members.

Those desiring Associate Membership (or Regular Membership if eligible) may fill in the coupon below and enclose the membership fee. Subscriptions to the Bulletin are available to institutions and libraries at $5.00 per year and to individual professional workers at $10.00 per year.

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TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 5 JULY 1966 NUMBER 19

SCRIPT ANALYSIS NUMBER

SCIENTIFIC PROCEEDINGS

SAN FRANCISCO - - - - - - - - - - 143
MONTEREY PENINSULA - - - - - - - - 145
ANN ARBOR - - - - - - - - - - 148

SCRIPT ANALYSIS

INTRODUCTORY REMARKS - - - - - - - - 150
C. Steiner
PERMISSION AND PROTECTION - - - - - - 152
P. Crossman
A DIVORCE SCRIPT - - - - - - - - - 153
I. L. Maizlish
SCRIPTS AND ANNIVERSARIES - - - - - - 154
D. Kupfer

A LIVING PROBLEM - - - - - - - - - 155
S. St. Cyr

THE FROG GAME - - - - - - - - - - 156
D. Young

REVISION OF BY-LAWS - - - - - - - - 157

DIRECTORY OF BRANCHES - - - - - - - - 161

PUBLICATIONS AVAILABLE - - - - - - - - 163

ORGANIZATIONAL NEWS - - - - - - - - - 164

EDUCATIONAL ACTIVITIES - - - - - - - - 165

SUMMER CONFERENCE - - - - - - - - - 166

EXECUTIVE CONGRESS - - - - - - - - - 167

TRANSACTIONAL ANALYSIS BULLETIN

published quarterly by the

International Transactional Analysis Association

and its affiliates

A Non-profit Educational Corporation

VOLUME 5 JULY 1966 NUMBER 19

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. A membership registration blank will be found on the back cover of each issue. For institutions & libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and enquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California, 93921.

Contributors

Articles, clinical notes, news items, and letters should be addressed to the Editor at the above address. They should not exceed two double-spaced typewritten pages in length, and should conform to the requirements on page 131 of the April, 1966 Bulletin.

The International Transactional Analysis Association

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The abstracts below are written for professional readers who are assumed to be familiar with the principles and language of transactional analysis.

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINARS

April 5. Jay Nichols: "Some Problems in a Group."
April 12. Jay Nichols & Eric Berne: "Protracted Group Meetings."

Each of these men had decided to set up a protracted group meeting because his patients had asked for it. The 24-hour meeting about which Nichols reported lasted from 6:00 p.m. Friday until 6:00 p.m. the following day. Upon first hearing of it patients and other people said, "Wow, do you mean you are going to spend 24 hours with us (them)?" This indicated that the Child felt really included and must be o.k. The time did pass quickly and there was a quality of timelessness during the meeting, perhaps because of an Adult decision to dispense with clock-watching and concentrate on more important things. The clear-thinking Adult was available even when people were quite fatigued. Events and remarks of 10-20 hours earlier remained fresh and useful. Slow starters had plenty of time (permission) to get started, and those who rarely felt they belonged to the human race had time (permission) to join up. One man who had attended 14 previous meetings said it was the first time he felt as though he was really part of what was going on. There was a noticeable decrease in activity from about 4:00 a.m. to 6:00 a.m. which is in keeping with the diurnal variation in human metabolism. There was no prearranged schedule of breaks; they occurred spontaneously every six hours, and after 18 hours had gone by the interval decreased to every two hours.

Berne presented a meeting which lasted from 9 p.m. to 5 p.m. the following day, with 8 hours off for sleeping. Patients were instructed to spend the night away from home to avoid becoming re-engaged in their family games during the course of the meeting. Berne did not agree with the "exhaustion" policy of many protracted meetings, but preferred his patients to have a night's sleep and dreams so that when they returned in the morning they would have a chance to assimilate the proceedings of the evening session, and would emerge with a fresh viewpoint which could then be consolidated the following day. His patients seemed to end up with a more objective appraisal of what happened than did the patients who attended "exhaustion marathons," which often had the effects of unassimilated "trips" rather than of well-digested theraputic experiences. In order to validate this position, it will be necessary to check the long-term effects of protracted meetings.

April 19. Don Young: "Terminal Phase of a 'Marathon'."
April 26. Eric Berne: "Scripts in Group Treatment."
May 3. Melissa Farley & Claude Steiner: "A Clinic Group."

May 17. Don Young: "A Family in Treatment."

May 24. Larry Mart: "Dealing With Archaic Material."

Mart presented a tape of the 23rd weekly meeting of a group of female schizophrenics in a state mental hospital. Group members are familiar with games and PAC as is the training group of nurses who attend the sessions. Patients are not excluded from round-table discussions following treatment sessions. The use of the assistant therapist was previously in question. Mart and the new assistant therapist now plan their work prior to the group meetings and attempt to complement each other's work rather than having two groups going simultaneously.

The question was whether to deal with the symbolic productions of the Child. But such patients can respond in an Adult manner if encouraged to do so. Dealing with symbols can play into their scripts. Adult thinking is encouraged by having them join the discussion following the formal treatment group, but the use of long words by the staff, such as "communication" and "biological," confuses them and is detrimental.

May 31. Eric Berne: "Effectiveness of Sudden Insights."

June 7. Ray Poindexter: "Teaching TA to Large Groups of Patients." (*To be published later*).

June 14. (1) Martin Groder: "Forming a TA Group in a Training Institution."

Groder presented a tentative group plan for discussion. The organizational analysis revealed little likelihood of disturbance from external pressure. Groder's personal motivations were: Parent—to change people; Adult—to learn how to do group treatment; Child—to have fun."

(2) Claude Steiner: "Three Scripts." (see p. 151)

June 21. (1) William Cromack: "Formation of a Transactional Group."

Cromack presented for discussion a projected group in the outpatient clinic of a training institution. It was agreed that the group's position in the organizational structure was secure, and an ongoing source of patients was assured. Cromack was questioned as to his favorite personal and clinical games, and in particular, how he used humor in groups.

(2) Eric Berne: "Emergence of a Princess."

Berne presented a case in intensive individual and group therapy, a woman who "made progress" but showed no decisive changes until removal to another city and termination of treatment became imminent. She then spontaneously recognized that she spent 90 percent of her time either urinating or "not urinating" (i.e. struggling against a Parental injunction to remember to urinate). She felt that this struggle, which originated in her urethral sphincter, had for most of her life involved all the voluntary muscles of her body, as well as giving rise to emotional attitudes which influenced her personal, marital, and family life. Following this insight she stopped "making progress" and began to live instead.

March 25. Ray Morgan & George MacFarlane: "Stirring Up a Silent Group."

(For previous history of this group see TAB 5: 114-115, April 1966)

The co-therapists asked 3 questions: (1) How to stir up action in small groups, (2) How draw out silent members, and (3) How to clarify transactions between co-therapists so as to minimize Parent-Child interchanges.

Suggestions offered by seminar members included: (a) Keep transactions in the group, with members talking to other members, rather than discussing outside parties. (b) Check out historical relationships; ask members whether patterns repeated in the group reflect previous behavior. (c) Make positive observations; tell members "I saw your foot kick," or "What were you thinking about just before you sighed?" etc. (d) Be alert to opportunities for stroking members; often getting silent members to participate is a matter of stroking. (e) Divert member-to-therapist transactions back to members. (f) Remember that being a trainee does not mean being a Child; seminar members suggested that the trainee therapist run the group during specified periods.

April 1. Richard Bailey: "A Correctional Officers' Group."

This was a tape of a meeting of 60 staff members of a state correctional institution. There were two questions. (1) How could the meeting have been directed toward more constructive channels? and (2) How could the co-leader be more effective? The recording included an attack on the leadership, with "Ain't It Awful?" about local conditions.

Goulding suggested that if the leader can get control of frustration under frustrating conditions, he can teach the staff to do the same, to abandon "Ain't It Awful" and to function as an activity group. The co-leader's best function is support at such meetings, and he can also serve as a liaison between the leadership and dissident staff members outside the meetings.

April 15. Jay Goodwin: "A Prison Group."

Goodwin presented the recording of a portion of the forty-eighth session of a voluntary TA prison group. The seminar was particularly interested in the changes of verbal expressions by Roscoe, which seemed to follow a pattern.

During the early part of the meeting, Roscoe seemed to lead the group with pastimes, i.e., "bulls, broads and awful things that happen here in the Joint." As the meeting progressed Roscoe abandoned the pastimes and began to question the therapist. When the therapist sensed that Roscoe was playing a variation of "Kick Me" he referred Roscoe's question back to the other group members. Roscoe then quit playing and began talking about himself. Prison slang appeared less frequently in his vocabulary. When other group members began playing "Ain't It Awful" Roscoe did not participate.

Roscoe's Parent was of particular interest to the seminar. Although this Parent tended to be accusing in nature, Roscoe frequently refused to accept his Parent's "You Are No Damn Good" accusations.

April 22. David Kupfer: "A Schoolteacher's Use of TA."

Barbara, a fifth-grade teacher, offered her class of ten-year-olds a series of 14 lessons in TA:

1. Contracts. (Teacher-student contract was discussed and sealed with handshakes.)
2. Appropriate Behavior.
3. Inappropriate Behavior.
4. The Voices Inside Us. (Introduced PAC with playground examples.)
5. Names for the Voices.
6. The Natural Child.
7. Can Grownups Act Like Natural Children?
8. Examples of Grownups Acting Like Children.
9. Examples of Grownups Acting Like Adults.
10. Scolding Parents.
11. Helpful Parents.
12. Natural-Child Experineces.
13. Parental Experiences.
14. Adult Experiences.

The Seminar saw exhibits of reactions of the class members to the lessons —student drawings and essays showing Parent-Adult-Child relationships.

April 29. Walter Clark: "A Non-TA Group."

Clark used the Minnesota Multi-phasic Personality Inventory with his group, presenting new members with computer-scored test results and a text concerned with resolutions for changing behavior.

The Seminar heard a recording of the 29th meeting of the group, at which one of the members, Marian, read her text aloud and was cross-examined about it and her behavior by the other members.

Kupfer questioned whether therapy was likely under these conditions. He pointed out that the MMPI and the Text seemed to license the group to be Parental toward Marian. The most consistent "Cross-examiner" in the group seemed to run it, at the expense of therapeutic efficiency.

The Seminar felt that Clark should not use the MMPI materials nor the texts, that he should get the group going on its own transactions, and that he should stick to systematic therapeutic techniques.

May 6. Mary Edwards: "Getting an Adolescent Group Started."

The Seminar heard a recording of the first meeting of a TA group composed of adolescents brought to the therapist by parents or sent to her by courts. Mrs. Edwards opened the session by stating rules: "No hitting, no breaking the furniture, no sexual intercourse."

Group members were then introduced to PAC relationships didactically, with examples: P—a teen-age girl bawls out her brother for having a dirty face; C—as the same girl's boyfriend arrives, she turns her body coquettishly and giggles a good bit; A—later, she measures triangles in her geometry class.

The group responded immediately, giving examples from their experiences at home and at school.

Before the end of their first session, Mrs. Edwards' new group had learned to listen for voices in their heads—Child-talk: "I want! I like! Now!"; and Parent-talk: "You must! You should! Don't!"

May 13. Ray Morgan & George MacFarlane: "A New Couple Joins a Group."

The co-therapists presented a recording of the 16th meeting of a TA group, and asked the Seminar for help in breaking up the games and analyzing the scripts of a couple new to the group, David and Lillian.

Early in the session mild games of Uproar, Courtroom, and Let's You and Him Fight developed among three other group members; David and Lillian entered these games with advice to the other players. Then Lillian turned her Parent onto David, telling him to start practicing instead of preaching.

The Seminar felt that Lillian hooked the Parents of the co-therapists at this point and that "My Parent can lick your Parent" could almost be heard in the transactions.

Kupfer suggested that Lillian's tendency to hook people's Parents might be explored. With regard to the couple's games, the Seminar reviewed antitheses to Courtroom (prohibiting third-person statements or taking one side, asking for feelings, then reversing and asking again).

May 20. George MacFarlane: "Terminating a Group."

MacFarlane opened the 17th meeting of an army TA group by announcing that the group would be terminated in July, giving several administrative reasons including his orders for transfer. This led to pastimes about the reason for termination, and the group discussed themselves in sentences which included past tense verbs. The Seminar observed that MacFarlane seemed to "ask" the group to have "Separation Anxiety." It was felt that the therapist should try to provide continued group treatment by either introducing a new therapist or by transfer to other groups in the community. The notice of termination should not be given so far in advance.

May 27. Richard Bailey: "A Large Prison Inmate Group."

Bailey presented a taped "large group session" at Soledad Correctional Facility with 75 male inmates who meet weekly with Bailey as leader. The administrative contract is to improve staff-inmate relations; the professional contract includes use of Transactional Analysis and Structural Analysis to enable inmates to achieve improved social control. Large group sessions are useful for communicating information from staff to inmates and vice versa, but the leader must resign himself to limited therapeutic goals. Any anxiety on his part is readily communicated to the inmates, but they respond to stroking and to confident leadership.

April 22. Jean Fowler: "A Mothers' Group in a Child Guidance Clinic."

Question: How to involve Millie in the group? Millie, the persecutor in the now Dry Alcoholic marriage, came to group with her statement "I'm here because my son has a learning problem." Millie's Adult has not yet been hooked into exploring areas other than the mother-son transactions. Her withdrawn Child or Parent-programmed Adult sits in group. Millie now responds to Fowler as she did to her maternal grandmother—i.e., she was to be seen but not heard, maybe not even to be seen. Millie's Child wanted a strong Parent to care for her in marriage. Her Parent wanted and got a man she could beat on. The husband is currently in therapy and is working on the marital situation. The son's game of Stupid has been eliminated, but the Frigid marriage continues.

The Seminar suggested that Fowler elicit Millie's participation by commenting on her shifts in physical position, by asking Millie to diagnose her own ego states ("Who's here?"), and what she feels in response to the other members.

May 13. Maxine Soloway: "A Teen Age Group."

The group was composed of 3-6 girls ranging from ages 14-17. Soloway had a psychoanalytic orientation to therapy but was interested in using TA. Each adolescent was interviewed at least once prior to entering the group.

Initially, the Child responded to the group situation with silence. Soloway's Adult and Parent came out to ask questions and play "I'm Only Trying to Help You" with the individual group members. The adolescents played "Ain't It Awful" (about parents). Soloway interpreted "transference." By the second and third sessions, members were threatening to quit—the Child wasn't having any "fun" and they weren't "getting anywhere."

The Seminar commented on the need to establish individual treatment contracts in the group, to invite "fun" pastiming in an adolescent group prior to analyzing Child-Parent transactions with the therapist, to focus on the functions of the transactions rather than on individual content, and for Soloway not to play ITHY. By session three, group members had already found complementary game players—e.g., the Blemish player was beating on the Wooden Leg player.

May 27. Leon Maizlish: "A Couples' Group."

Maizlish introduced a tape recorder for the first time to a couples' group. The group consisted of two couples, and Mr. C., whose wife absented herself because of a post-partum depression. Two features were of special interest to the Seminar.

1. Mr. B., who gave indications of being paranoid in his six months of therapy, showed his resentment to the tape by a self-imposed silence. When asked a question towards the middle of the session, he merely put a finger to his lips and smiled. The therapist reacted to this gesture with good humored laughter, which Mr. B. shared. Toward the end of the session, Mr. B. asked a question about his son's progress, and began to talk freely. Mr. B's possible leaving in a huff seemed to have been averted by: (a) the therapist's clear statement of the "why" of the taping; (b) his humorous reaction (C to C) to Mr. B.'s attitude; and (c) his direct answer to Mr. B.'s question rather than hedging.

2. The Seminar was critical of the therapist's non-intervention with the group's playing Parent to Mr. C. Mr. C. indulged in a self-pitying account of his wife's behavior, which included threats of suicide and homicide. (She had a record of suicidal attempts). A Why Don't You . . . Yes But game ensued. However, the group soon concentrated on the critical issue of Mr. C's indecisiveness about hospitalizing his wife, which was viewed as aggravating the situation. Maizlish felt that under the circumstances these proceedings were therapeutic.

June 13. Maxine Soloway: "A Teen Age Group (Continued)."

Tina, age 15, operated from a depressive position (played Threadbare, Stupid, ITHY, and Courtroom). In her script, she used the court worker to effect separation at age 12 from her mother ("crazy. drunken tramp"). Tina's Parent now beats on her Child for this desertion. She became a rescuer (ITHY) as seen in a courtroom game she set up, where she rescued her boy friend from the authorities. The payoff was her Child's glee in frustrating the Parent.

Debbie plays complementary games with Tina. Her NIGYSOB, Blemish orientation results in her Parent kicking Tina's Child. Tina's Stupid Child is thereby violently stroked.

June 10. Jean Fowler: "A Mothers' Group (Continued)."

Social work therapists have a need to rescue (ITHY). Seminar suggested therapist's Parent attempts to rescue own Child when threatened by group. In addition, social work education teaches how to play a harder game of ITHY.

Fowler's Adult became wordy Parent: Fowler's Parent-programmed Adult is difficult to distinguish from Adult. Seminar suggested Fowler let group do more analysis. Fowler's Child hopes group members will talk more; her Parent sees this potential as interference.

Mother's groups show greater propensity to pastime than do couples' groups (Kitchen talk, If it weren't for the children). In a couples' group games appear sooner — e.g., partners are more ready to play NIGYSOB with each other.

SCRIPT ANALYSIS SECTION

Guest Editor

Claude Steiner, Ph.D.

Script analysis is the most advanced and complex stage of transactional analysis, and because of this it has been relatively inaccessible to most people. Recently there has been a surge of interest in this subject, resulting in an increased sharpening of perception and concepts, and a deeper understanding of the development and dynamics of scripts. To an outsider it may seem on the borderline of rigorous thinking and observation, and the facts and results of this procedure are indeed difficult to verify unless the clinician is willing to exercise patience. Others may brush it off with the popular slogan "I Can Recognize That," relating it to Jungian and Freudian observations which do not quite meet its requirements. To undertake script analysis properly requires the clearest and soundest possible understanding of all that precedes it: structural analysis, the analysis of transactions, and game analysis. Dr. Steiner is eminently suited to be the editor of this section because he is one of the small group of people who have been involved in the development of transactional analysis from its earliest years.

INTRODUCTORY REMARKS

Claude Steiner, Ph.D.

Because of the recent interest in script psychology, this issue of the Bulletin is devoted to that subject. The issue of protection is outlined by Crossman in her article. It emerges as a most crucial therapeutic requirement and suggests that the therapist's Parent may have a more important role than has been envisioned up to now. Berne has pointed out that it takes the patient a number of months before he is able to feel that he knows the therapist well enough to trust him, a factor which should be taken into account before permission is given.

Furthermore, in order to give appropriate permission the script has to be understood along a number of lines. The therapist should know what the parental Child's injunctions are and which parent they come from. He should know at what point in life the script was adopted and what position it involves. The therapist should know in what way the games played by the patient promote the script, and should be able to estimate from the existence of the counterscript how profound the depression will be, following the renunciation of the script. The mythical character and the personalized version of the fairy tale which the patient's Child is living out should be known. If a sudden tragic ending is part of the script it should be known to avoid "Now He Tells Me", and the role the therapist is expected to play in the script should be clearly distinguished from his role as a theapeutic agent. The personal myth (Robin Hood, Snowwhite) of which there are many hundred examples should be distinguished from the basic, existential life-course of which there are probably only a handful.

Poindexter points out how description of a personality on the basis of scripts may be of more value than the usual description on the basis of psychopathology. This diagnostic task may take considerable time, and during this time the therapist's job is to remain Adult, even though he may give occasional "little permissions". In this light it can be seen that replacing a hard game with a less hard one may be the consequence of such a "little permission" and represents making progress, while giving up the script may be the consequence of permission and represents a cure.

The following three scripts raised some interesting questions regarding script psychology:

1. A case of permission without protection. A 17 year old girl whose script requires her not to outdo her mother who got pregnant as a 17 year old and dropped out of high school, was given permission to finish high school (see TAB 5:135, April 1966). Because the principle of protection was not fully understood at the time, relief from the script was only temporary and partial, and the "witch mother returned." While she graduated in a technical sense, she became so upset shortly before the graduation ceremony that she was not allowed to go on stage to receive her degree. In addition she is likely to be pregnant although this has not been confirmed. The electrode-like quality of the witch-mother (mother's Child) is vividly demonstrated by the sudden onset of panic previous to going on-stage. Question: How should the therapist have proceeded?

2. A very depressed negro patient whose script required that he not do anything but work applied for treatment for impotence. He had a history of several attempts at therapy, and because of his schizophrenic diagnosis he had received supportive treatment and in every instance withdrew from treatment as soon as he felt better. The therapist decided to cure rather than help make progress. Script analysis was followed by deep depression during which pains were taken to "protect" the patient. When the patient began to pull out of the depression he accused the therapist of tearing out the foundations instead of propping him up. The therapist explained why he had done this. Question: Whence the patient's anger?

3. A third patient who after three months of treatment discovered his Christ script, exhibited remarkable changes in physical appearance and social behavior, but continued to drink and concealed this fact from the therapist. Drinking had not been detected as a major symptom and therefore had not been discussed. This seems to indicate that the therapeutic agent in script analysis is not merely awareness of the script, but permission; in this case not just permission to live beyond age 34, but permission not to drink as well, which the therapist had neglected to give, hence the patient continued drinking.

PERMISSON AND PROTECTION

Pat Crossman, C.S.W.

By "permission" or giving permission I refer to a particular transaction that occurs between therapist and patient at a particular point in therapy, whereby the therapist effects a change in the direction of the patient's behavior or attitude which before that time would have seemed either impossible or untenable.

Permission has to do with scripts. A patient can be seen as having a script or life plan usually with a tragic ending, based upon injunctions given to him non-verbally by his parents, or undercover parents—the "witch mother" and "troll father." For example: "Don't grow up and outdo me!", "Kill yourself!" or "Drink yourself to death!". The script, originating in single injunctions, is elaborated by subsequent experience, and games play into and develop the script.

In order to change or give up the script the patient needs permission to cancel these injunctions, permission not to drink, not to kill himself, so that later he may make his own autonomous choices based upon his Adult's evaluations of the real world.

The therapist can give that permission, but can do so effectively only after he has understood something about the script, and has got to know the patient's Child and "undercover" Parent, and what they are up to. A patient may try to shock or seduce the therapist into playing into the script and thus "doing mother's business for her". A young single woman with a script derived from mother, "Be stupid and don't outdo me," can take a therapist's comment, "I hope you're using contraceptives" to mean "Yes, you are stupid, and here's how to get yourself into trouble." Then as the disasters unfold the therapist may be remembered affectionately as having "been so kind and done his best." A patient may describe an intolerable marriage and may appear, superficially, to need permission to get a divorce, but may in fact be asking for permission not to leave his wife, which is what his script demands.

A young child is helpless physically. It stays alive only if mother, or her substitute, is around to provide food, physical comfort and stimulation; it develops intellectually only if adequately stroked. Thus a "good enough" mother protects the child, enabling it to stay alive, and develop its growing Adult to explore and find out about the world around it with the certainty that it is alright and safe to do so. A child needs, first of all, to keep mother around for protection and the Adult in the Child, or "Professor," has to figure out from the available data just how to do this.

The difference between healthy and unhealthy mothering at the pre-Oedipal stage would seem to lie in the conditions the child has to accept and fulfill in order to keep mother around. In a healthy relationship, the mother's Parent responds to the young child's first primitive request "Protect me" with "I'll protect you"—possibly with one condition—"if you smile back at me." There is thus a straight transaction between the infant, (C1) and mother's Parent, which makes it "alright" for the young Professor. (A1) to start figuring things out independently—and "learning how" from mother's Adult.

Meanwhile mother's Child and her offspring's Child will enjoy life by dancing together.

When a script is set up, however, the child is operating with a confused parent. His request "Protect me" is answered by a pseudo-Parent, in that the response appears to come from mother's Parent, but in effect it comes from her frightened, sexually aroused Child "witch mother," who can only make bargains

"I'll protect you (stay around) if you play with me—it's fun if you kill yourself."

As any autonomous behavior on the part of the child will be swiftly punished, the young Professor learns that the only safe way is to play with mother's Child.

The young child has to accept whoever is around, but awareness that he is not in the care of a real parent may manifest itself by pains in the stomach.

At a later stage the frightened child, believing that protection is conditional, may make further bargains with father's Child, thus elaborating and extending his basic script and learning how, if not from father then from other adults or fictional characters, to maneuver his life towards its final tragic ending.

In a healthy relationship the individual can grow up. His parents with their three ego states will gradually become part of his internalized Parent, while the young Professor of his childhood can develop into his functioning Adult. When a script is being set up, however, the child can never really grow up, being immobilized by conditions. In a script the grown-up's Adult will be contaminated by the Child he once was, and in particular by the young Professor in that Child, who is only doing what appears logical, to keep mother around. Thus a patient's script has a life or death quality. If the patient gives up his script he will, logically according to the Professor, be punished, deserted and may possibly die. The patient's Child, fixed in time, strives always to keep the Parent there, even if he has to kill himself to do so.

The therapist, wishing to intervene must first hook the Professor by supplying more data, for instance by pointing out that the patient does really have other choices. Secondly he must be stronger than the patient's original parent. In giving permission such as "You don't have to leave your wife," or "You don't have to kill yourself," the therapist may appear to be coming on Adult, but in fact he will be heard by the patient's Child as Parent. The therapist is giving permission to the patient's Child to disobey the instructions of his Parent, and this is only possible if the patient's Child sees the therapist as better, stronger and more effective. So when a therapist gives permission he is implying protection, that is, that it will be alright to disobey mother, or father, that the Child will not be deserted, die, or be punished for disobedience. I have noticed that even in cases where the script appears to have been changed or cancelled, temporary excitement may be followed by depression or some form of acting out when the patient, in a moment of fear lest he be abandoned, if the therapist is not around, attempts to reinstate his own Parent. A patient who got himself beaten up in a street fight shortly after he had begun to figure out his "Don't be a man" script described this as "bringing back daddy."

Once a script is broken, as few parents give only bad messages, a patient may have a variety of courses to follow. The counter-script, if a patient has been working hard at it, can provide a new direction for life. For example, a man whose script carried the message "Be stupid and don't succeed academically" may already have worked hard and desperately for years acquiring facts and degrees which can now be effectively used. But in other cases the patient may only be able to move forward to autonomy after he has, for a time, substituted the therapist's Parent for his own, so affording protection while his Adult becomes strong enough—assimilating data, and learning how to process it—to take over.

During this period of dependence the patient may be curious about the therapist and what he does or does not do. The alcoholic may ask the therapist "Do you drink?", and although the reply is that this is really none of his business, such questions cannot be taken lightly (since they may be crucial to the issue of the protective value of the therapist).

A DIVORCE SCRIPT

I. Leon Maizlish, Ph.D.

During the ninth session of a couples' group in a clinic, Mrs. B. told about her alcoholic father, and that his alcoholism was the reason why her parents divorced when she was three years old. She remembered always to have seen him as very noble for letting her mother divorce him, and she idealized him for it as far back as she could remember.

Ever since she married Mr. B., she told him almost daily that they needed a divorce. When a group member objected, "How come you two have six children?" Mrs. B. responded heatedly: "That has nothing to do with it!" and explained that she used no birth control because of her bent pelvis, an RH factor, and the fact that her husband is a Catholic. (Mrs. B. managed to be engaged in full-time factory employment practically throughout her married life).

The therapist suggested that Mrs. B. divorced her husband a long time before she ever knew him, to wit, in idealizing her father she visualized divorcing her future husband as something noble, and this idea had been with her as a script since early childhood. Mrs. B. mildly resisted the interpretation.

Mrs. B. started the next meeting by saying approvingly to the therapist; "My mother agreed with you a 125 percent!" Her mother said: "Sure thing, you are like your father and you are all mixed up about it . . . and the doctor is absolutely right." Mrs. B. then exclaimed, "But I'm more stubborn—I'm still married." Then in this tenth session for the first time Mrs. B. came out with something in praise of her husband: he managed to do very well in his relationship with their older son. During the previous sessions, she been unable to report anything good about him.

SCRIPTS & ANNIVERSARIES

David Kupfer, Ph.D.

Sue entered a Transactional Analysis treatment group at the age of twenty-four. For one year she felt, in the group, that she was a little girl who had to please or defend herself from all the "grownups" in the group, regardless of

their age. Sue came to a group meeting one day after her twenty-fifth birthday and stated; "Since yesterday I feel grown up, and I feel that I have come alive."

Further questioning elicited that Sue's father had struggled through his professional training and at the age of twenty-five started a career which became very successful.

Bonnie, sitting next to Sue, had come to her first meeting and had no knowledge of T.A. During the first half of the meeting Bonnie was very upset and started weeping whenever she was addressed. Bonnie seemed startled about Sue's "script" talk. Then she said, "I can remember that since my childhood my mother has told me that my father "matured" at the age of thirty, and I am now twenty-nine and a half. The therapist and the group members agreed that Bonnie was following a script that required her to enter therapy at this age so she could "mature" when she was thirty.

A LIVING PROBLEM

"WHY FATHERS LEAVE HOME"

Sophia St. Cyr

One day Terminus Crabgrass saw a blue cow standing in a field eating the pink daisies, and decided to photograph it with the camera his mother had just given him.

"Excuse me blue cow" he said politely, "but would you mind standing still for me." Roaring softly the animal inclined its head and charged at Terminus, tossing him and breaking his camera.

His mother was upset about the broken camera when he limped home. "There you go again" she said "Next time do it right, and remember," she added cheerfully, "little boys who take nice photographs marry princesses."

Terminus wandered off, thinking gloomily about his failure, and looking for another blue cow standing in a field eating the pink daisies. He grew morose and wouldn't talk to his friends. He failed to see rabbits and field mice or hear the wind. He even missed a real princess who had come to attend a banquet.

One summer day two or three years later he saw what looked like a blue cow standing in a field eating the pink daisies. "A second chance to do it right!" he cried, "This is what mother wants!" He rushed wildly forward totally ignoring a sign which read "Danger, keep out!" leaping over hedges and ditches. But it was really a hungry dragon who quickly ate Terminus, camera and all.

After the funeral his family was sorrowful. "It's all your fault" said his aunt to his mother "filling his head with princesses, and anyway he was too young to have a camera." His father was thoughtful. Remembering the ignored sign he said "Maybe we should have taught him to read instead." "That's right" said his mother, considerably cheered "I'll do just that next time." But that night her husband packed his bags and left home.

Questions: 1. Should Terminus have learnt to read instead of taking pictures of blue cows? 2. Had he any choice anyway? 3. What should his mother have said to him after the first failure? 4. Why did his father leave home?.

THE FROG GAME

Donald L. Young, M.D.

An interesting game was uncovered in the course of family therapy with a mother, father, a boy age 15 (the identified patient), a girl age 17, and a boy age 11. Although the initial ten sessions were concerned mainly with the "scruples" of the 15 year old boy, thereafter the attention increasingly focused on the 11 year old boy. During one session the boy said that he felt that in his family his mother was a Queen, his father was a King, his sister was a Princess, his brother was a Prince, and he was a Servant. By this he meant that he had certain duties but almost no family obligations. For example, he was not required to eat with the family and was usually not relied upon to do things that required any degree of dexterity or reasoning power.

It further developed that the boy's relationship was not simply that of a servant to royalty, but there was an implication that he would become royalty (i.e., a part of the family) if he were treated better by the family. He felt that the family had to improve their treatment of him before he would become a prince, and the family felt that he would have to become a prince before they would treat him better. This was reminiscent of the cartoon in which a huge frog is sitting on a rock with his arm around a maiden. The maiden asks: "But how do I know that you're really an enchanted prince?" In the game of Frog, the frog acts gauche, uncoordinated, and stupid, but the implication is that he should be treated like a prince because that is what he really is, so that he acts like a frog because people don't treat him "right."

In the particular family being studied, the 11 year old played frog in several ways. He would watch television while the rest of the family was eating and if made to stay at the table would pout and act boorish; he would perform tasks incorrectly or only partially, so that he was rarely asked to do anything more than a routine task; he became the "class clown" in his school. The most striking example of the game was the following. During one session someone mentioned that the boy would get "furious" when his sister sniffled. The family said that he would become angered at any family member who sniffled. When they attempted to define what "sniffling" was, it developed that it could mean almost anything from "breathing hard" to blowing one's nose. Throughout the time that this was being discussed, the boy himself was sniffling. This was apparently not noticed by any of the others. Each family member justified his own sniffling but nevertheless felt that the boy was justified in getting furious. When it was pointed out to them that the boy had been sniffling throughout the session, the others said that they had not heard anything. By this denial of his sniffling, they let him continue to do it, thus giving him permission to be a frog, while their justification of his becoming furious was confirmation that he is really a prince.

Further observations in various family therapy groups have shown other fairy tales that are acted in the family, such as Cinderella, and Snow White and the Seven Dwarfs.

Dr. Young is a child psychiatrist and family therapist in Sausalito, California.

REVISED CONSTITUTION AND BY-LAWS

With the reorganization of the ITAA, the growing complexity of its affairs, the proliferation of branches, and the increasing status and privileges granted its members by the professional community, it becomes necessary to clarify its structure and increase its degree of organization. To this end it is necessary to revise its constitution and by-laws and to publish them for the information of those concerned.

The revisions will be discussed at the Fourth Annual Summer Conference to be held in Monterey on August 20 and 21, 1966. Many of these are of a routine or administrative nature, but some are of functional significance to individual members or branches. These significant sections are published below so that members can study them for their approval or to introduce changes, additions, or amendments at the formal discussion in August. The final vote on the adoption of the revised constitution and by-laws will be held at the Annual Business Meeting to be held in San Francisco in October. Those members who wish to discuss the revisions should keep the text below for reference and bring it with them to the Summer Conference and Annual Meeting. The sections omitted will be read at the Summer Conference. The final version adopted will be published in a future issue of the Bulletin.

I Constitution

MEMBERSHIP

Article IV

Section 1. General

Membership shall be open to all persons with a degree in medicine or the social sciences from a recognized university who are engaged in professional work in those fields, or who are registered for advanced study at a recognized university, and who otherwise meet the personal, academic and scientific requirements set forth from time to time by the Board of Directors or the Executive Council and/or the Membership Committee.

Section 2. Special

Membership shall be open to other persons who in the opinion of the Board of Directors of the Executive Council are qualified.

Section 4. Classes of Membership

Membership shall be divided into such classes and each with such privileges as the Board of Directors shall from time to time determine as set forth in the By-Laws and the amendments thereto.

II By-Laws

MEMBERSHIP

Section 2. There shall be five classes of members:

I Associate Membership (AM) is open to qualified professional workers, graduate students, selected undergraduates, and others approved by the Executive Council. Associate Members will receive the Transactional Analysis Bulletin and be listed in the Membership List, but shall not be entitled to vote.

II Regular Membership (RM) shall be open to those who have completed an authorized Introductory Course in Transactional Analysis. Reg-

ular members will receive the Transactional Analysis Bulletin and be listed on the Membership List and be entitled to vote.

III Research Membership (SM) shall be open to those who have completed an Introductory Course and have in addition 100 hours of authorized advanced training in transactional analysis and have met such other requirement as are set up by the Executive Council and/or the Membership Committee. Research Members shall receive the Transactional Analysis Bulletin, shall be listed in the Membership List, and shall be entitled to vote. They are also entitled to practice transactional analysis in their own specialized fields and to teach authorized courses in transactional analysis to members of their specialized fields.

IV Clinical Membership (CM) shall be open to those who have satisfied the requirements of an Examining Board appointed by the ITAA, who have completed an Introductory Course, who have attended an Advanced Seminar for at least one year with at least 87 percent attendance, have presented pertinent material at an Advanced Seminar on at least three occasions, and have conducted two transactional analysis therapy groups for at least one year with at least 50 hours of authorized supervision. Clinical Members shall receive the Transactional Analysis Bulletin, shall be listed in the Membership List, shall be entitled to vote, to practice transactional analysis clinically, to supervise training of clinical trainees, to attend clinical meetings and Executive Congresses, and with the approval of the Membership and/or Education Committee to establish branches of the International Transactional Analysis Association.

V Teaching Membership (TM) is open to those who have been Clinical Members for at least two years, who have taught two Introductory Courses under the supervision of a Teaching Member, and who have satisfied the requirements of an Examining Board composed of five Teaching Members. Teaching Members in addition to the privileges of a Clinical Member shall be entitled to teach Introductory and Advanced Seminars and to supervise the training of teaching candidates when authorized to do so by the Membership and/or Education Committee.

VI Any one of the above requirements can be waived in an individual case by a two-thirds majority of the Examining Board appointed by the ITAA.

Section 3. The Directors, Teaching Members, and Clinical Members meeting as a formal Executive Congress with due notification to those entitled to meet in such Congresses are empowered without Constitutional Amendment to set up such other classes of membership as changing circumstances may require.

EXAMINING BOARDS

Article VII

Section 1. The purpose of the Examining Board shall be to pass upon admissions to Research, Clinical, and Teaching Membership.

Section 2. All Clinical and Teaching Members are eligible to participate in an Examining Board, but only those actually present shall be entitled to vote.

Section 3. The professional supervisor or sponsor of a candidate for Advanced Membership shall present his candidate's qualifications before the Examining Board, but shall not himself be entitled to vote for that candidate.

Section 4. The President of the ITAA will appoint principal questioners at an Examining Board, but all Clinical and Teaching Members present are entitled to ask questions of a candidate and to vote, with the exception noted in Section 3 above.

Section 5. A candidate may appeal his rejection or conditional acceptance to the Officers of the ITAA for a rehearing.

Section 7. The Examining Board shall meet at least once yearly at the Annual Scientific Meeting of the ITAA, and may also meet with due notification at the Annual Business Meeting of the ITAA, or at any Executive Congress upon request of at least three sponsors and the application of at least three candidates.

DUES

Article VIII

Section 2. All Teaching, Clinical, and Research Members who teach Introductory Courses in transactional analysis authorized by the ITAA shall pay to the ITAA a 20% royalty of the net income from such Introductory Courses.

MEETINGS

Article X

Section 2. An Executive Congress shall be called at least once a year upon call of the President or at the request of any ten Clinical and Teaching Members in order to consider business, personal, or scientific matters pertinent to the organization.

Section 3. A quorum at all meetings called as above shall consist of ten Clinical, Teaching or Research Members in good standing, at least three of whom shall be Directors or Officers.

BOARD OF DIRECTORS

Article XI

Section 1. All Presidents of Branch Seminars and Societies Officially recognized by the ITAA shall be *ex officio* on the Board of Directors.

Section 3. The Nominating Committee shall submit to the Membership at the Summer Conference, or shall submit by mail at least six weeks before the Annual Business Meeting, or shall publish in the Bulletin at least three weeks before the Annual Meeting, a suggested slate of Officers and Directors. Additional nominations may be made from the floor at the Summer Conference or by mail.

Section 5. The Board of Directors shall consist of no more than 24 individuals, at least two-thirds of whom shall be Clinical and Teaching and Research Members, together with any other individuals whose appointment may be deemed beneficial to the interests of the ITAA.

EXECUTIVE COUNCIL

Article XII

Section 2. The Executive Council shall consist of the Officers and the Board of Directors and any Research, Clinical, or Teaching members appointed *ad hoc* and actually present at any meeting of the Executive Council.

Section 3. A meeting of the Executive Council called under the terms of Article IX, Section 2, shall be termed an Executive Congress. The Executive Council, or any members thereof, however, may meet on any other occasion, or confer by mail or telephone, to transact pertinent business, and if two-thirds of the members of the Executive Council agree on any matter, that decision shall be effective *pro tem* until the next Executive Congress is held.

COMMITTEES

Article XIV

Section 1. Committees may be appointed by the President for a term of three years to conduct the business of the organization.

Section 4. Standing Committees shall be appointed as follows:

1 The Nominating Committee shall consist of the duly elected officers of the ITAA, the Presidents of all Affiliate Seminars and Societies, and one other Member from each Affiliated Seminar or Society.

BRANCHES

Article XVI

Section 1. Any Teaching or Clinical Member may, with the approval of the Executive Council, establish a Branch of the ITAA in any city in which no such Branch presently exists, and may, after appropriate instruction of candidates, present candidates for Research, Clinical, or (if a Teaching Member) Teaching Membership in the ITAA.

Section 4. Any five or more people who are eligible under Article IV, Section 1, of the Constitution, in a location where there is no official Branch of the ITAA, may establish a transactional analysis study group under the auspices of the ITAA, under the direct sponsorship of a Branch Seminar or Society, providing they have as an advisor or instructor a Clinical or Teaching Member.

* * *

A THOUGHT FOR SUMMER

"It is not sufficiently realized how deep an impression can be made in early youth . . . and to what extent, at an age when every opinion appears dubious and unsettled, children are amazed at finding the clear rules they have been taught contradicted by jokes which win general applause. In their eyes those rules cease to be anything but banal precepts which their parents have agreed upon and which they repeat to children out of a mere sense of duty, whilst the jokes appear to hold the real key to life."

— Benjamin Constant: *Adolphe* (1816)

DIRECTORY OF BRANCHES

Branch Seminars and Societies are requested to send in names, addresses, and telephone numbers of their Secretaries, and their meeting days, for publication in the Bulletin. News items are also welcome.

THE INTERNATIONAL TRANSACTIONAL ANALYSIS ASSOCIATION
Headquarters Office: Fourth & Junipero Streets, Carmel, California
Mail Address: Box 5747, Carmel, California, 93921
Telephone: (408) 624-9213
Eric Berne, M.D., Secretary
Gwen McEwen, Executive Secretary

ANN ARBOR TRANSACTIONAL ANALYSIS SEMINAR (AATAS)
Jeanne Fowler, M.S.W.
1697 Cram Circle

CHARLOTTESVILLE, VIRGINIA
Jacqui Schiff, A.B.
2223 Dominion Drive
Meets every other Friday.

CHICAGO
Morris Haimowitz, Ph. D.
Chicago Board of Education
228 N. LaSalle Street

COSTA RICA
GRUPO de ESTUDIO sobre ANALISIS TRANSACCIONAL (CREAT)
Dr. Gonzales Adis-Castro
Hospital Psiquiátrico Chapui
San José

LOS ANGELES
William Collins, M.S.W.
4619 Rosemead Blvd., Rosemead
(213) 285-2128
Solon Samuels, M.D.
6240 Maryland Drive, Los Angeles
(213) 660-0171

Both Mr. Collins and Dr. Samuels give Introductory (101) Courses from time to time, and each conducts an Advanced (202) Seminar. Mr. Collins's 202 meets the second and fourth Wednesdays of each month at the Rosemead address.

MONTEREY PENINSULA TRANSACTIONAL ANALYSIS SEMINARS (MPTAS)

Robert Goulding, M.D.
Drawer 6116, Carmel
(408) 624-7903

David Kupfer, Ph.D.
P.O. Box 2158, Carmel
(408) 624-2504

MPTAS meets Friday evenings at 8:00 at the All Saints Episcopal Church, Dolores & Ninth Streets in Carmel. The meetings consist of tape presentations and critiques, theoretical discussions, analyses of organization or group structure and function, demonstration tapes of advanced TA groups, and occasional didactic sessions led by the teaching members.

In addition to the Friday evening seminars, the officers of MPTAS meet informally for lunch on Thursday to transact business for the seminar (and, often, for ITAA).

NEW YORK TRANSACTIONAL ANALYSIS SEMINAR (NYTAS)

Mary Boulton, M.S.W.
(212) OX 1-5642

NYTAS meets the first and third Sundays of each month at 8:30 p.m. at the above address.

INSTITUTE FOR TRANSACTIONAL ANALYSIS (SACRAMENTO) (ITAS)

Amy Harris, Secretary
5301 F Street
(916) 452-0226

ITAS meets in the Auditorium of the Sutter Memorial Hospital, and publishes a monthly Bulletin which gives news of 101 and 202 Seminars in the Sacramento area. It can be obtained by writing to the above address or telephoning.

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINARS (SFTAS)

Pamela Blum, Executive Secretary
Box 5747, Carmel
(415) 566-1252

Seminar 202, Transactional Analysis in Clinical Practice, will meet every Tuesday evening at 8:30 p.m. at the office of Eric Berne, M.D., 165 Collins Street, until August 30, inclusive. There will be no meetings in September, and meetings will resume in October.

A new policy has been adopted for visitors to this Seminar. Full time clinicians may visit at any time by giving advance notice to the secretary. Otherwise all sessions will be closed except the first Tuesday meeting of each month, which will be open to legitimate visitors who are invited by and accompanied by a member of the SFTAS. This includes medical students, junior and senior undergraduates in psychology, social work, and the other social sciences, graduate students, and professional people not in full time clinical practice.

FALL INTRODUCTORY COURSE

The next Introductory Course in Transactional Analysis will be offered in October, 1966. It will be open only to professional workers and graduate students in the medical and social sciences. Enrollment will be limited to 30, and prepaid advance registration ($50) will be required.

TRANSACTIONAL PUBS BOOK LIST

Transactional Pubs is intended as a convenience for our members. Prices quoted include postage and taxes where applicable. **All sales are cash prepaid, except for Government and other requisitions.** No books can be sent on consignment.

LIMITED EDITIONS

We now have left about 150 copies of the limited edition of **Games People Play.** This is put out by Transactional Pubs as TAB Supplement No. 2. It is the same as the trade edition except that it has a special title page. Until further notice, we will sell them for $6.24 apiece.

Principles of Group Treatment, by Eric Berne, is now available in a limited edition of 500 copies put out by Transactional Pubs as TAB Supplement No. 3. It is the same as the trade edition published by Oxford University Press, except for a special title page, and the price is the same. Part I: General Principles of Group Treatment. Part II: Transactional Group Treatment. $6.76.

We also have a reprint from the 1966 issue of the annual "Current Psychiatric Therapies," entitled **Recent Advances in Transactional Analysis,** by Eric Berne. 35c per copy.

IN PREPARATION

Condensed Introductory Course in Transactional Analysis. TAB Tape Supplement No. 2. Four lectures given at the Second Summer Conference, 1964. Four hours, 3¾ ips., professional recording. For those who order this, or who have already ordered it, it will unfortunately not be ready until August. $26.00.

Now Available

Outline for an Introductory Course in Transactional Analysis and Social Dynamics, TAB Supplement No. 1. 13 pages in mimeograph, interleaved with blank foolscap pages for notes, giving topical headings for a course of eight lectures. This is useful for instructors, for those taking an Introductory Course, or for anyone desiring a summary of transactional theory. $2.08

Transactional Analysis in Psychotherapy. Paperback. The basic text for transactional analysts. $4.11

The Structure & Dynamics of Organizations & Groups. Hard cover. The transactional theory of group dynamics, and its application in the therapy of ailing groups. "Of great interest and importance to those people who teach groups, lead them, record or observe them, or just participate in them." (American Psychiatric Association Bulletin, February 1965). $7.80. Paperback $2.55

Conjoint Family Therapy, by Virginia Satir. Paperback. Contains a concise summary of clinical communication theory as practiced by the Palo Alto group, as well as much information and many acute observations concerning family dynamics. Written clearly, creatively, and informatively, it draws attention to many of the author's new and valuable insights in this field. $5.15

Layman's Guide to Psychiatry & Psychoanalysis, by Eric Berne. Paperback. A simple and readable introduction to the principles of psychoanalysis, with a survey of the field of clinical psychiatry. Originally published as **The Mind in Action.** "It presents succinctly the dynamics of the development of personality in health and in illness . . . To our knowledge this book is the best of its kind." (Psychoanalytic Quarterly, 1948). $2.03

Transactional Pubs, P.O. Box 5747, Carmel, California 93921

NEW HEADQUARTERS OF THE ITAA HURRAH!

On July 1, the first permanent home of the ITAA opened at Fourth and Junipero Streets in Carmel, California. This is in the same building as the new offices of Drs. Berne, Kupfer, and Goulding, who will be available to supervise and help the Executive Secretary, Miss Gwen McEwen. Other tenants include a psychiatrist, a psychologist, and a building designer, Mr. John Gamble, who is well acquainted with transactional analysis, and designed the headquarters to suit our specific needs. A large front room will house the expansion of Transactional Pubs into a retail and mail-order technical book store, while the back room will be the business office for the Bulletin and the ITAA. This will enable us to keep our affairs in good order, to maintain up-to-date membership lists, and to send out bills for membership so that we can become solvent. Members are welcome to visit and browse whenever they are in Carmel and the office is open. (Miss McEwen will work only part time, while the others are busy with their spearate practices).

Mail should be addressed to the Secretary, ITAA, Box 5747, Carmel, California, 93921, and to Transactional Pubs and the Bulletin at the same address. The telephone number is (408) 624-9213. The telephone will be answered whenever the Secretary is there to answer it. Her time spent at the office will increase as finances permit and circumstances demand.

ATTENDANCE CERTIFICATES

The ITAA staff is working hard to send out the large number of attendance certificates which are now overdue, and should be caught up by the end of August.

MEMBERSHIP LIST - CORRECTIONS

(RM)	Maizlish, Leon, Ph.D.	2962 Barth St., Flint, Mich.
(RM)	Potts, Joseph T., B.D.	3451 Golden Gate, Lafayette, Cal.

* * *

GEORGE

(Our Sponored Orphan in Crete)

George writes: "I bought a big book for drs. 150 ($5) and will pay it by instalments. It is a big book. During Easter we dye red eggs and prepare cookies. Before Easter we fast. Our teacher has given us, the good children, several books. When we read them we give them back. Now I shall write you some Cretan verses.

"Little bird so wild and free
Who will chase and tame thee?
Who will put thee in a cage
And with kisses thy love gauge?"

EDUCATIONAL ACTIVITIES

TA AT THE APA

The evening panel on "Transactional Analysis in Marital Therapy" given at the Annual Meeting of the American Psychiatric Association in Atlantic City on May 10, 1966, was attended by several hundred people. Eric Berne made some introductory remarks, including a brief outline of TA theory, after which Bernard Greene (Chicago) presented some studies of the relative frequencies of different marital games. Alfred Wood (Philadelphia) gave some clinical material showing the application of TA in marital situations. Thomas Harris (Sacramento) showed the effects of introducing TA into his practice with married couples, and John Dusay (San Francisco) talked about the use of TA in a psychiatric clinic. After some brief remarks by Gordon Haiberg (Sacramento) the meeting was opened to discussion and questions from the floor. The panel members attempted to keep their presentations concise, pithy, and free from circumlocutions and polysyllables, with the result that about 200 people attended the ensuing party given at the TA hospitality headquarters at the Hotel Traymore.

The following afternoon (May 11) Thomas Harris presented at a general session of the APA his paper on the effects of introducing TA into his private practice, which was discussed by Eric Berne.

TA AT THE GOLDEN GATE

A large number of ITAA members were present and active at the Ninth Annual Scientific Conference of the Golden Gate Group Psychotherapy Society held at U.C. Medical Center in San Francisco on Saturday, June 11, 1966. Some gave or discussed papers; Steiner gave an Introductory Workshop on TA, and Ernst, Dusay, Kupfer, Collins, and Crossman conducted a workshop on Recent Advances in TA. Many of our favorite colleagues also attended, such as George Bach, Virginia Satir, and Donald Shaskan. After the meetings, about 40 people adjourned for dinner and later a party at Berne's.

Your Traveling Secretary

The Secretary of the ITAA reports that he visited Des Plaines, Illinois, early in May and addressed a public audience to open Mental Health Week there. The Staff of the Forest Hospital in that city showed considerable interest in furthering their knowledge of TA, which they are already using to some extent in their clinical work. He spent the following morning at the Institute for Juvenile Research in Chicago and addressed their Staff on "Making Progress versus Curing Patients." In the evening he attended a private meeting of clinicians and educators who have been using transactional analysis in the Chicago school system and in their clinical practices. He suggested that they form a TA study group. Following this, he went to the APA meeting in Atlantic City, (see above), after which he went to New York to give the Philip Zlatchin Memorial Lecture at New York University. The following week he spent three days at the U.C.L.A. Neuropsychiatric Institute, giving lectures and demonstration interviews at the invitation of the Resident Staff.

Fourth Summer Conference On Transactional Analysis

The Fourth Summer Conference on Transactional Analysis will be held on Saturday and Sunday, August 20, 21, 1966 at the Mark Thomas Inn, 1300 Fremont Boulevard, Monterey, California. It will begin at 9:00 a.m. Saturday and end 12:30 p.m. Sunday.

Section I. INTRODUCTORY WORKSHOP

An intensive Introductory Course (102) for beginners consisting of didactic lectures and small group discussions with experienced leaders. This is open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields; to graduate and undergraduate students in medicine and the social sciences; and to teachers, correctional officers, and clergymen. (Note: This is not the 101 Course which qualifies for Regular Membership in the ITAA).

Sections II and III. CLINICAL PANELS AND PAPERS

These are open to those who have had an Introductory Course (101) in Transactional Analysis, or its equivalent. There will be eight panels, each followed by a workshop. Each panel and workshop lasts two hours.

A. TA and Pastoral Counselling (Chairman: Everts). B. TA and the In-Patient (Chairman: Haiberg). C. TA and Alcoholism (Chairman: Goulding). D. TA and Non-Psychiatric Physicians (Chairman: Eichhorn). E. TA and Nursing (Chairman: Mrs. Eichhorn). F. TA and the First Meeting (Chairman: Kupfer). G. TA and the Out-Patient (Chairman: Ernst). H. TA and Advances in Group Treatment (Chairman: Poindexter).

Papers to be presented: Collins (The Impotence Racket), Ernst (Listening), Schiff (Children's Groups).

Clinical membership meetings will be held Friday 7-10 p.m. and Sunday 1:30-3:00 p.m.

In addition there will be several parties and other social activities. Families accompanying those who are attending will find ample opportunities for recreation and sightseeing, including a golf course and a heated swimming pool.

COSTS

Registration and attendance fees for the Clinical Section wil be $15 for members of the ITAA and $20 for non-members. Registration and tuition fees for the Introductory Workshop will be $50. Accommodations should be arranged directly with the Mark Thomas Inn, 1300 Fremont Blvd., Monterey, California. Room prices are $14-$18 per day for a single room, $18-$22 per day for a double, and $36-$72 per day for a suite. It is advisable to make reservations ahead of time.

Those planning to attend are requested to send in their registration fees ($15, $20, or $50, according to category) together with the registration form below. Checks should be made out to the ITAA. Advance registration will assist in planning. (Please note that only registration and tuition fees should be sent directly to the ITAA. Checks for accommodations should be sent directly to the Mark Thomas Inn. A room reservation form is enclosed for your convenience).

To: International Transactional Analysis Association (ITAA)
Box 2158, Carmel, California, 93921

I am planning to attend the Summer Conference.

I will arrive Friday evening ☐

I will arrive Saturday morning ☐

I will be staying at the Mark Thomas ☐ Other.....

I enclose Registration fees: Amount

Introductory Workshop ($50) - - - - - - - $_____

Clinical Sections (members $15, non-members $20) - - $_____

Name (please print) .....

Address .....

City ..... Telephone.....

Degrees ..... Affiliation.....

Names of others in party and ages of children (if any).....

.....

If baby-sitter is desired, please give details.

EXTRA FLYERS

Anyone desiring announcements of this conference for distribution or for organizational notice boards may obtain them by writing to ITAA, Box 2158, Carmel, California, 93921.

SPECIAL MEETINGS

An Executive Congress and Examining Board for Teaching, Clinical, and Research Members will be held at the Annual Summer Conference at the Mark Thomas Inn in Monterey, California, on Friday, August 19, from 7 to 10 p.m., and will be continued on Sunday, August 21, from 1:30 to 3:00 p.m. Sponsors and candidates for advanced membership should notify the President of the ITAA in advance (Dr. David Kupfer, Box 2158, Carmel, California, 93921). Other business will be discussion of the revised Constitution and By-Laws.

The Annual Business Meeting of the ITAA will be held at the office of Eric Berne, M.D., at 165 Collins Street in San Francisco, on Tuesday, October 25, at 9:30 p.m., following the regular scientific session of the SFTAS. The main business will be the election of officers and directors, finances, and adoption of the revised Constitution and By-Laws.

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and clergymen. The teaching is primarily oriented toward group therapy, social dynamics, and personality theory based on transactional analysis. The Association is now in its ninth year, and is self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Societies are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible. Qualified people can become Associate Members of the ITAA by filling out the blank below. They may become Regular Members after taking a complete Introductory Course or its equivalent, and may apply for Clinical or Research Membership after their training meets the standards of the Membership Committee.

All classes of membership include: (1) Subscription to the Bulletin (2) Entree to Seminars and Societies when travelling (3) Hospitality of the temporary ITAA headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences (5) Listing in the Annual Geographical List of Members.

Those desiring Associate Membership (or Regular Membership if eligible) may fill in the coupon below and enclose the membership fee. Subscriptions to the Bulletin are available to institutions and libraries at $5.00 per year and to individual professional workers at $10.00 per year.

Please advise us of change of address. Use the coupon below to apply for membership or to renew it when it falls due. Please enclose membership fee.

NOW IS THE TIME TO PAY YOUR ANNUAL DUES

Send to: T. A. Bulletin, P. O. Box 5747, Carmel, California, 93921

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International Transactional Analysis Association

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TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 5 OCTOBER 1966 NUMBER 20

SUMMER CONFERENCE PROCEEDINGS

PRELIMINARY ORIENTATION 171

PANELS: Pastoral, Nursing, In-Patient, First Meeting, Alcoholism, Out-Patients, Physicians, Recent Advances - - - - - - - 173

PAPERS: Collins, Schiff, Ernst - - - - - - 181

- GENERAL -

TA AND UNIVERSITY TEACHING - - - - - - 183
L. Ghan

TEACHING TA IN 'T' GROUPS - - - - - - - 184
S. Karpman

A LIVING PROBLEM - - - - - - - - 185
C. St. Cyr

SCIENTIFIC PROCEEDINGS
LOS ANGELES - - - - - - - - 186

DIRECTORY OF BRANCHES - - - - - - - 187

PUBLICATIONS AVAILABLE - - - - - - - 189

ORGANIZATIONAL NEWS - - - - - - - - 190

EDUCATIONAL ACTIVITIES - - - - - - - 191

TRANSACTIONAL ANALYSIS BULLETIN

published quarterly by the

International Transactional Analysis Association

and its affiliates

A Non-profit Educational Corporation

VOLUME 5 OCTOBER 1966 NUMBER 20

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. A membership registration blank will be found on the back cover of each issue. For institutions & libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and enquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California, 93921.

Contributors

Articles, clinical notes, news items, and letters should be addressed to the Editor at the above address. They should not exceed two double-spaced typewritten pages in length, and should conform to the requirements on page 131 of the April, 1966 Bulletin.

The International Transactional Analysis Association

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ITAA SUMMER CONFERENCE

MONTEREY, CALIFORNIA, AUGUST 20-21, 1966

SUMMARY OF PROCEEDINGS

PRELIMINARY ORIENTATION

Eric Berne, M.D. (San Francisco)

After summarizing recent developments regarding ITAA membership and the establishment of new branches, Berne outlined some of the current focal points of interests in various branches. The nature and effects of verbal stroking are being investigated by the Monterey Peninsula branch, while existential positions are of particular interest to the Sacramento Institute. Injunctions and permissions (as illustrated by Steiner and Crossman, TAB 5:150-4, July 1966) form the present theoretical and clinical frontier at the San Francisco Seminars. With this approach it now becomes practical to introduce second order structural analysis in the early stages of treatment, as illustrated in the script matrix, Figure 1, below.

Berne noted the presence of articles in psychiatric journals in which the author explains that "he is not omnipotent," and which confuse omnipotence with potency. Therapists have to be more potent than the patient's Parent, he said, so that they can give patients permission to succeed. "Our therapists have permission to be potent enough to cure patients."

A script is essentially a series of parental injunctions and every script can be found in Greek drama or myth. When a patient's favorite fairy tale is reduced to a series of transactions it is possible to predict where the patient started and where he is headed. In considering a script such as Cinderella, it is well to ask such questions as "What went on when the fairy godmother got all the kids and the stepmother out of the house so that she was alone with father?" It is also worth examining the script of Cinderella's stepmother, a lady who always found a way to make herself comfortable and who, after the wedding, probably said to her own daughters, "I always knew Cinderella would amount to something—if you two slobs had done what I told you, you could have married the prince."

While much of the time the therapist "comes on Adult," a point comes at which he has to be Parent in order to revoke parental injunctions. There is a special class of patients, Berne said, who because of death or other circumstances, have, in a gross way, no parent. There is an actual gap in the Parent which is not filled by an uncle or aunt or other person, even if the patient says it has been. In these cases the patient's "parent hunger" must be met before script changes can be accomplished. Permission is usually given by the parent of the opposite sex, as for example, with a little girl whose father gives her permission to be pretty and whose mother shows her how.

The script matrix shows two Parents within the patient. P2 is derived from the Parents of mother and father; these, in turn, were derived from the Parents of their parents. Thus, the concepts of "cultural transmission" (or

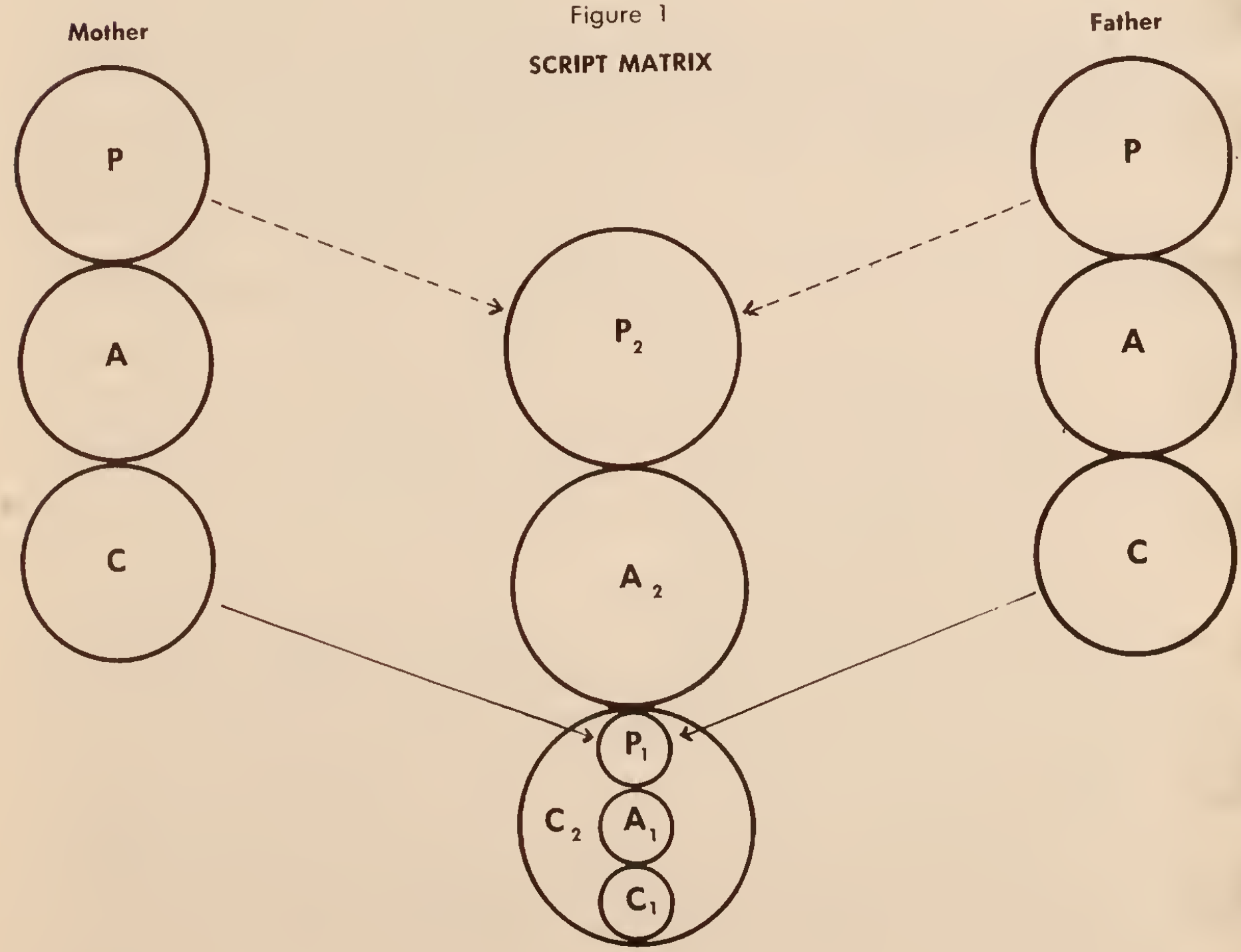
"how parental prejudices get spread around") can be expressed in terms of specific transactions at specific times between child and parent over the course of generations.

In contrast, the source of P1 is the Child of the patient's parents. This is usually mother's Child, because of mother's overriding importance during the early years of life, and is perceived as a witch, a troll, or a good fairy. The effect of this parent is like that of an electrode: it can make the patient jump to obedience. "The main thing to watch out for," Berne said, "is mother's Child." The therapist must be more potent than mother's Child.

In conclusion, Berne pointed out that it is now widely recognized that almost all psychiatric disabilities are closely allied to somatic disabilities. The whole muscle tone of the body tells you when a patient is cured. So much of a patient's energy has gone into controlling certain physiological reflexes that an appropriate motto might well be, "Think sphincter."

Figure 1

SCRIPT MATRIX



PANEL I: TA AND PASTORAL COUNSELING

Kenneth Everts, M.D. (Berkeley) Moderator

Chaplain Samuel Chambers, US Naval Postgraduate School, Monterey, said that TA is used in two primary ways at the school. With 1500 officers doing graduate work at the school under intensive pressures, both academic and military, the incidence of marital and family problems is high. A series of seminars for students and their wives has been established; these start out to teach the fundamentals of TA and usually continue as group meetings. TA is also used in personal counseling.

Muriel James, Layman's School of Religion, Berkeley, said that TA is useful to her both as a professor and a therapist because "it works and it works fast." She feels it is important to teach structural analysis first, even in theological counseling, then to ask "Which ego state thinks this?" Many people's religion is merely acceptance of their grandparents' or greatgrandparents' beliefs and has never been examined by the Adult. She presented case material showing how TA had shifted frightened, guilty or compliant Child views of religion to an Adult approach.

Weaver Hess, Grace Presbyterian Church, Sacramento, described his use of TA in church study groups and in pre-marital counseling. It appears to offer tremendous promise in the latter area, he said, pointing out that one young couple had postponed their wedding until they could work out a better contract. Religion as traditionally presented has superimposed parental injunctions upon people, he said; it is important to give them permission to consider other alternatives. He noted that people with a strong Parent tend to reject P-A-C and that there are many strong Parents in the church. Pastors tend to project an "I'm OK, you're not OK" feeling, with an implied suggestion that making a pledge or doing more church work might help a parishioner to become somewhat more OK. A person's theology isn't going to straighten out until his emotional problems are straightened out and until he feels that both he and neighbor are OK.

Additional comments from the floor: A chaplain in a US Naval Hospital stated that TA has been very valuable to him because "you can't get people well unless you know something about yourself and others." If a preacher comes on Parent, he "can pack 'em in," he will scold them and love them alternately but no change takes place. Some preaching should be Parent (stroking) and some Adult (teaching), but clergymen need to recognize that the highest form of living is Child-to-Child and that the purpose of worship is to enable people to be intimate. A Navy chaplain working with recruits said that even with the limited number of contacts available in the boot camp, TA has proved very useful in counseling. The recruits have traded one set of parents for another and the transition can often be traumatic; in addition many are also made very fearful by internal Parent messages that "they can't make it."

Other ministers reported on TA classes for married couples, college students, prison inmates. One commented that most Sunday school instruc-

tion tends to build up the Parent in the students, and theological education tends to teach the minister how to play a Good Father role, with virtually no attempt made in either situation to strengthen the Adult.

PANEL II: TA AND NURSING

Donis Eichhorn, R.N. (Sacramento) Moderator

Robert Barr, Atascadero State Hospital, said that a strong TA program had been in existence at the hospital several years ago but that it had diminished primarily because of turnover in personnel. It is hoped to build it up again through staff training. Discussion from the floor raised many unanswered questions about the P-A-C- dynamics involved in sexual offenses. A psychiatrist present suggested that since no one has yet advanced anything resembling a cure for sexual deviations, a realistic goal might be Adult control, and a straight teaching program for patients, might be the most effective approach. Also discussed was the problem of gearing an institutional program to treatment in the face of nurses' primary concern for control.

Maggie Rubenstein of the San Francisco Center for Special Problems, reported that TA is useful in her work with alcoholics because of the possibility it offers for Adult-to-Adult relationships instead of Parent-Child. TA also is highly pertinent to the time structure problem experienced by alcoholics who are faced with the question of what to do with their time " when they're not thinking about not drinking." Berne was quoted on the matter of nurses being trained not to think with the comment that at the center nurses are given permission to break out of that mold. Other staff members are given permission both to think and to try out new approaches.

PANEL III: TA AND THE IN-PATIENT

Gordon Haiberg, M.D. (Sacramento) Moderator

Thomas Harris described the situation of being the only TA-oriented psychiatrist sharing the use of a community hospital. One of the main problems, he said, is the parental position of the nurses; the patient has no real permission to get well, but must bolster the roles of the staff. Harris' contract with his patients is "Let's get well—soon," rather than the institutional contract, which is mainly for the patients to follow the hospital rules. He has presented training sessions for the nurses, some of whom have found it exciting to be given permission to think and to help patients get well. Four afternoons a week he holds seminars on P-A-C- for patients; these are held in an upstairs lounge to minimize the "sick environment"; the emphasis is divided between teaching and treatment; even the more seriously disturbed patients may attend, and while the presence of an active manic or schizophrenic can be upsetting at first, particularly to new patients, the overall effect is beneficial, he said, because it tends to reinforce the philosophy that everyone is basically OK. A

patient's Adult can usually be hooked by the approach of "Just because you think this is a nut house your Child doesn't have to play nuts."

J. P. Concannon of the U.S. Naval Hospital in Oakland outlined the steps taken over a period of years to develop a TA program in the hopital He pointed out that anyone desiring to sell any program to an institution needs to understand the structure, organization and dynamics of groups in transactional terms. Starting with a lecture by Berne to the total staff, then weekly work with the nurses, followed by enrollment of key personnel in a 101 course, the procedure has evolved into regular staff meetings, small training group staff sessions, and treatment groups for the patients. Under the old set-up which "took care of the needs of the staff," liberty was granted for compliance with rules about promptness and attention to housekeeping details. This was an invitation to play games. In contrast, it now depends upon a patient's total progress. Formerly everyone had to be in bed at 9 pm because the nurses changed shifts and had to do a new head count; now there is more flexibility in scheduling. The new setting is more Adult and the results show more patients going back to duty with fewer relapses, reflecting an Adult commitment to their jobs.

PANEL IV: TA AND THE FIRST GROUP MEETING

David Kupfer, Ph.D. (Carmel) Moderator

Thomas Harris described his procedure for introducing a new group to TA. This emphasizes Penfield's work on temporal lobe stimulation of P-A-C, showing "the setting in which it began," i.e. the original transactions between mother, father, and the child, with the child's recording of what he saw and heard being incorporated into his internal Parent and his own reactions being incorporated into the Child,

David Kupfer outlined the most useful steps to take before starting a new group. (1) Go to a seminar and have them ask you why your Parent wants a group, why your Adult wants a group, and what's in it for your Child. Get this sorted out first, preferably with the help of colleagues. (2) Before putting each patient in the group, consider the question: "Why do I want to sit in a room with this person?" Parent, Adult and Child motives should be dissected out in each case. (3) Before walking in to the room make sure you "have every patient in your head." It would be desirable, although difficult, to have each patient's script in your head, but at least know specifically what you want to accomplish for each. (4) If you have a therapeutic contract with a patient that can't be understood by an eight year old boy, forget it—it's jazz. There are two aspects to each contract: the administrative, relating to payment, time and place; and therapeutic, relating to "What are we trying to do?"

Kupfer stated that the first two to five minutes determine the quantitative and qualitative life of the group. It is during this period that the secret contracts are made and the professor in each patient sizes up the therapist and finds out what the therapist wants to do. The patients will all ask,

verbally or nonverbally, "What are we susposed to do?" This is a trap. They're really asking "What games do you expect us to play?" Every word the therapist says is an invitation to games. An answer like "talk to each other" may sound innocuous, but it will be picked up by someone as meaning "silence is bad." Kupfer even postpones giving ground rules until later sessions. He has four ground rules, one positive: "You have the freedom to say anything you want in this room, "and three negatives: "No hitting each other, no breaking the furniture, no sex."

Solon Samuels, psychiatrist and Director of Gateways Hospital, Los Angeles, pointed out that "the old way" viewed the therapist as the initiator of the group, and of such ground rules as the confidentiality of proceedings and the prohibition of relationships between patients outside group. This was based on the assumption that the therapist would be held responsible for the patients' acting out. Formerly he started with an introductory lecture on TA, he said, but now he amplifies upon the material which comes out in the course of transactions. When patients come to their first group meeting they are like kids going to a party in a strange house, not knowing what they'll be able to do. They come ready to put the therapist in charge; if he, for example, should express interest in one person's dream, he'll get dreams for weeks.

Samuels' patients are all hospitalized and so are in a period of crisis. Many are either withdrawn or are using symptoms as a coverup for withdrawal. In group sessions both therapist and patients are cast as observers of behavior, their own and others. This approach gets the patients busy looking out for P-A-C behavior instead of remaining in their intense self-absorption. The focus is on what they are doing now, not why, and the goal is practice in the use of the Adult. He has changed his discription of the Adult from simply being the computer or analyzer to include the concept of the Adult as the doer who is responsible for the act. Emphasis upon the Adult not only as the problem solver but also at the executor seems particularly valuable for this group of patients. They are accustomed to a contract in the "medical model" wherein they play sick patient and the magic doctor is there to get them well. Actually, he said, they have a great hunger for information on how to get well. TA gives them such information and also permission to get get well. So many of them feel "not-OK," and troubled by their own inconsistencies and by the fact that they often feel or act like several different people, that it is a great relief to be told that since they have three ego states they're entitled to be three people.

PANEL V: TA AND ALCOHOLISM

Robert Goulding, M.D. (Carmel) Moderator

Kenneth Everts, Berkeley psychiatrist, reviewed the game of Alcoholic and the roles of It, Rescuer, Persecutor, Patsy, and Connection. The last is the only Adult in the crew, he said, because he's making the money; all the other roles are either Child or Parent. It's important to view "the alcoholic" not as a member of a breed apart but as a human being who plays a game.

Claude Steiner, Center for Special Problems, San Francisco, noted that there is truth in the statement that "nobody understands the alcoholic," because hardly anybody really looks at the alcoholic. All he gets are parents, either telling him not to drink or trying to take care of him, and other children. It is very hard to stay out of the game, and sometimes the therapist can seem like the biggest Patsy of all as he earnestly ask questions about the patient's childhood when the guy is so hungover from last night's binge that he can barely function. As for the idea that only an alcoholic can help another alcoholic, Steiner pointed out that "empathy doesn't cure."

In addition to the game of Alcoholic there are alcoholic pastimes, such as "Morning After" (what a hangover that was) and "Ever Been" (committed to such-and-such state hospital?). These can dominate a group unless the therapist terminates them promptly. Fundamentally, however, alcoholism is a life script. There are relatively few endings for scripts, Steiner said, listing three which he identified: kill yourself; succeed; nothing happens until you die. Everytime an alcoholic goes through another drinking cycle he is closer to the script ending of "kill yourself."

In reference to the old adage about "don't tell them to stop drinking," Steiner said that he does. His Adult points out that, "If you want to get better you have to stop drinking," and his Parent gives the patient permission to stop. Permission is different from a command. The verbal messages of both parents may have been, "Don't drink," and so this message is incorporated in the patient's Parent (P2 in Figure 1 above). However, his mother's Child, now incorporated into his Child as P1, says, "Drink—it's fun." The therapist gives him permission to disobey mother's Child. When a patient acts on this permission and gives up his script he enters a stage of despair because he doesn't know what to do now. The therapist needs to be very liberal with his Parent at this point, being willing to double the number of appointments if necessary. Don't worry about the patient becoming overly dependent, Steiner said; this period does not last long and when it terminates there is a "new show." If it does go on for more than three months, it's not the real thing and you're caught up in the game. Not everyone who gives up drinking has given up the script. It is important for the therapist to distinguish between cure and counterscript; "any good tragedy has places where it looks as if the tragedy won't happen: these are counterscript."

Robert Goulding, Carmel psychiatrist, described a program based on Arthur Cain's *The Cured Alcoholic.* A "don't drink" contract was to be in effect for at least a year during which time the following "anti-depressive" measures were scheduled weekly: therapy (TA), time structure, recreation, reading, sports, and work. After the first year Goulding quit meeting with the 15 participants but several continued to meet at least once a week. Now, 28 months later, four still have had nothing to drink; eight are drinking socially, although not without some episodes of trouble; three are drunk but are still able to work.

In subsequent discussion, several doctors indicated that antabuse is frequently helpful in the early stages of treating an alcoholic and that it is, in

effect, a reinforcement of the permission not to drink. Another commented that since alcoholics drink to cut out the inner dialogue between Parent and Child, drugs can be used to reduce this until the Adult gets stronger.

PANEL VI: TA AND THE OUT-PATIENT

Franklin Ernst, M.D. (Vallejo) Moderator

Pat Crosman, UC-Berkeley psychiatric clinic, described the patients she sees. Some come because it's the "in" thing to do, regarded as part of a well-rounded person's experience in today's world. Others are in an identity crisis; these are bright kids with good grades for whom the questions "Who am I?" "Why am I here?" have suddenly exploded and their reaction is panic. Still others feel that someone has broken a contract with them: they have believed that if you do all the right things you should be happy and they come in bewildered and betrayed saying, "I'm not happy." Many are lonely and don't know how to make friends; many are "too Adult to be true" in that they are capable and conscientious but unable to find and satisfaction or joy in either their present activities or their prospects for the future. TA is used in both individual and group sessions. Part of Crossman's contract is to get them better fast enough to cope with their work and to function effectively—this is necessary if they are to stay in school and have use of the clinic.

Questions were raised about problems involved in working with juvenile delinquents who were caught committing acts regarded as acceptable in their subculture and for which they get strokes from their peers. Solon Samuels said that TA can be very effective in such circumstances. These kids feel that they are OK but they are in an environment where they choose to play losing games. Therefore, the contract dealing with "What do you want?" and "How do you get it?"

PANEL VII: TA AND THE NON-PSYCHIATRIC PHYSICIAN

Erwin Eichhorn. M.D. (Sacramento) Moderator

At the request of the audience, Eichhorn reviewed the paper he had presented the previous day on "TA and Obstetrics."

In urban areas of this country, he said, maternal-child health has reached a plateau medically, so that physicians now have time to consider their responsibilities in social areas. Two sociological factors were of greatest concern to Eichhorn, a Sacramento obstetrician, and his wife, a trained nurse: the breakup of many marriages, and the high incidence of adolescent-aged couples among their patients. The Eichhorns were determined to find some way of making the process of pregnancy, labor, and birth a positive and exciting experience during which the couples could be taught problem solving techniques which they could use in later crises. TA seemed to offer the most promising method of attaining this objective; the entire office staff took the 101 course; the concept of a health team was developed.

The period of pregnancy was divided into trimesters and the major stresses of each categorized. The first trimester is a time of "real non-OKness" for the wife who is experiencing nausea, constipation, and depression; it is also the time at which alienation between husband and wife is at its highest. During the second trimester, the boundaries between P-A-C are more clearcut and it is a good time to hook the Adult. The overwhelming developmental task of the third trimester is preparation for labor.

A schedule was evolved to meet the needs of these various stages including exercises to teach husband and wife to work together as a team during labor, TA groups for couples, and expectant parent classes. Also included are home visits and parent discussion groups after the baby is born. One of the main goals is to give young fathers support at a time when they are often afraid to face their responsibilities, so that they can, in turn, support their wives at a time of great dependency. Eichhorn sees husband and wife together in the initial office visits, and, there apparently is great impact for these couples just "to hear their physician talk about feelings as if they are real." He is giving them permission to explore their feelings, and he wants to teach them to depend on each other (e.g. wife uses husband's Adult during labor) instead of developing the traditional Parent-Child relationship between doctor and patient.

The hardest part of this approach is the change required in the attitude of the physician, Eichhorn said; "you can't play doctor the way you used to." Compounding this is the fact that other members of the health team are forming relationships with the patients and are at times getting more strokes from patients than is the doctor. It seems inevitable that as our society becomes more urbanized it will become harder to keep up the "exclusive atmosphere of doctor and patient," but, he pointed out, his experience indicates that as the doctor relinquishes "omnipotence" he gains in "potency."

PANEL VIII: ADVANCES IN GROUP TREATMENT

David Kupfer, Ph.D. (Carmel) Moderator

Ray Poindexter, San Francisco Bay Area psychiatrist, described his procedure of giving a series of six 90 minute lectures to prospective patients and their family members. This serves several functions: it prepares patients for group therapy and in many instances motivates others to undertake therapy. Futhermore, the headstart in TA acquired in the lectures makes it possible to undertake script analysis in early group sessions rather than deferring it until much later as formerly seemed necessary.

Stephen Karpman, psychiatrist at Highland Hospital, Oakland, described leading a three weeks combined treatment and training group in Hawaii, composed of eight psychiatrists and psychiatric social workers. They met for two hours a day, five days a week. The sessions had three major phases: teaching, demonstration, and supervision. The main problem arose from the double contract, Karpman said; whenever he shifted from viewing the participants as patients to teaching them as prospective therapists, the result was a crossed transaction with consequent blurring,

According to Robert Goulding, "if we knew our jobs well enough the patient could get well in the first hour." At present, a schedule of 39 hours over a period of 26 weeks seems to be the usual minimum time required before real change starts to take place in the patient. To see the effect of telescoping these hours, Goulding and Kupfer led a 39 hour marathon group. Scripts were dealt with in dramatic form, with one therapist playing the role of the patient's crazy Child and the other therapist being a kind steady parent who kept asking questions like, "Do you want to go on paying attention to that kind of crazy jazz?" In the case of a catatonic 19 year old girl, this approach finally evoked a vividly angry Child. In order to give appropriate therapeutic permissions, the therapist must fist ascertain "What kind of messages does this Child now listen to, that he needs to disregard in the future?"

David Kupfer stated that although he is opposed to co-therapy in general because "there are very few people who think alike clinically and who also feel equal," he and Robert Goulding are now running the bulk of their groups as joint groups. The advantages are that two heads are better than one and, futhermore, for them, this approach is more stimulating. Any disagreements they feel about interpretation or procedures are dealt with immediately in front of the patients. They rarely plan or talk together about the conduct of groups or marathons since they would then lose the benefits of spontaneity. Kupfer also described a technique for handling silences. Waiting for patients to break the silence, analyzing the significance of silence-breaking statements, and speculating about which patients have the most anxiety during silences, may be "interesting" but not productive. In their groups the therapists eliminate the silence by picking up a patient's gesture or facial expression and dealing with that. As a result no silence lasts more than about 20 seconds.

Claude Steiner outlined the technical terms used in script analysis: dramatic script, mythical script, position (OK or not-OK), script matrix, tragic ending and tragic flaw, injunction ("what the crazy Child in the parent told the little boy or girl not to do"), permission, protection (needed when the patient gives up the crazy parent"); and the colloquial terms: sweatshirt, rackets, stamps, fairy tales, witch mother, troll father. While the therapist's Parent is an important therapeutic adjunct, he also needs to be aware of, and look out for, the P1 within his own Child (see figure 1). This Parent can come on as Persecutor or Rescuer; it is a fixated ego state, a little boy or girl acting the way their parents did ("a minister acting like his irate father"), not subject to the growth and modification which can be accomplished in the use of one's P2. Scripts are always conscious and several times each day a person does something related to the living out of his script. The therapist gathers up these isolated fragments so that the overall pattern becomes apparent. A patient's script can be illuminated by his answers to these three questions: What is your favorite fairy tale, or song? When do you think you're going to die? What will your tombstone say on it?

Following the panel, Goulding introduced Arthur Cain, author of *The Cured Alcoholic*. Cain stated that he does not subscribe to the disease concept of alcoholism; "there is no such thing as alcoholism—it is merely a word

describing a certain type of behavior." He said he is frequently asked why he stresses the idea of an alcoholic becoming "cured" to the point of being able to resume social drinking. If the alcoholism is arrested when a person stops drinking, this argument runs, why not leave it at that? He listed his reasons as three: (1) Not too many people adopting AA's frame of reference stay sober; "we don't know about AA's failures." (2) If they do stay sober, it is at too great a cost; the problem isn't solved if he has to keep working at it. (3) The "game" of being an arrested alcoholic gets him off the hook for many responsibilities and retards him from doing many things for himself and for others. (4) As a non-drinker, he is set aside socially. (5) The alcoholic should be free to choose how he will live his life, rather than perpetually being a victim. (6) If he can solve this problem he is more likely to attempt to solve other problems instead of clinging to the negativism and avoidance behavior so characteristic of arrested alcoholics not only toward alcohol but toward all situations which might involve discomfort or difficulty. In his work Cain uses "goal-directed therapy" emphasizing, not "What are you like?" but "What did you do? What are you doing right now?" Alcoholics need to learn, not to live with their disease, nor to adapt to society, but to accept responsibility.

In conclusion, Claude Steiner summarized the points of similarity between Cain's approach and TA. He added that the arrested alcoholic is operating by exercise of parental will power (P2) but is still under the P1 injunction of "Don't think. Die a slow death." What a patient does with his time is the clue as to whether he is cured or arrested. If the script is still operant he will play It about every five years and|or assume another part in the game.

PAPERS

TA AND OBSTETRICS

Erwin Eichhorn, M.D. (Sacramento)

See panel VII above

THE IMPOTENCE RACKET

William J. Collins, M.S.W. (Temple City, Cal.)

Impotency is a racket whereby sexual inadequacy is used as a defense to avoid intimacy, to avoid giving in to "gutsy child yearnings," and, sometimes, to protect one's partner. While this inadequacy is not carried over to other Child areas, in that such qualities as humor and sensitivity may be unaffected, there is a discernible trace of Jerk in these patients. They do not have parental permission to enjoy sex, and they tend to pick mates who will support the syndrome mates with whom they may talk Adult-to-Adult about changing but whose actions reinforce the racket. A husband may encourage his wife in Frigid Wife; he thus collects brown stamps for a guilt free affair or evenings with the boys in the local bar. She meanwhile is collecting red stamps for a divorce or suicide.

Impotency as part of a man's script can be illustrated (with reference to figure 1) by messages from his parents' Parents saying, "Grow up—be a man," but with messages from mother's Child saying, "Don't grow up. Don't be a man. I don't have any fun and you shouldn't either." In the case of a girl, she is not given permission to be a sexually mature woman; she is under an injunction not to outdo her mother. Mothers communicate the fact that their sex life is inadequate, and even if a child is not told this directly or verbally he learns it by the time he is four years old, perhaps by the lack of stroking in the family. Such a script matrix can be distinguished from a Parent ego state which prohibits orgasm. This latter is easier to treat, and it is interesting to note that under the influence of alcohol "the big P" (P2) can be decathected and the patient can experience orgasm, whereas drinking cannot knock off the Parent within the Child (P1).

CHILDREN'S GROUPS

Jacqui Schiff, A.B. (Charlottesville, Virginia)

Schiff has been working with groups whose age levels range from infancy through adolescence in connection with the Headstart and anti-poverty programs and the University of Virginia. She divides her groups so as to separate children with behavior disorders from those with psychiatric disorders. The former are described as having no motivation, with the Adult intact but not used; the youngster has problems in distinguishing reality from fantasy. In contrast, children with psychiatric disorders have a contaminated Adult and are "non-functioning in thinking out problems." In working with mothers of children suffering from malnutrition, lead poisoning, and gross poverty, the following patterns recurred: mother's Adult was confused, her Parent prohibitive but not nurturing, her Child fearful and angry. Five and six year olds can understand stroking ("Show me with blocks how many strokes you got today."), games, and scripts ("Why do you have to be bad at school?"). They can also understand P-A-C about themselves but cannot see it in others.

LISTENING

Franklin H. Ernst, M.D. (Vallejo)

There is little psychiatric literature on the subject of listening, Ernst pointed out, and recommended Reik's *Listening with the Third Ear.* The therapist can recognize with what ego state the patient is listening by the fixation of his eyes, the position of his head, the shifting of body position, and the activity of his extremities. The goal is to get the patient to listen to himself as well as others. Ernst noted that children who study with a radio going frequently receive better grades because the radio blocks out disturbances within the environment and frees the learning process. When a patient says, "Yes, doctor, I heard every word," he was not listening.

(Abstracts by courtesy of Mrs. Bradford Parker)

TRANSACTIONAL ANALYSIS AND UNIVERSITY TEACHING

Leonard Ghan M.S.W.

This is a report on the experience of teaching a graduate psychology class on group dynamics and treatment at a university, from September 1965 to April 1966. Membership was limited to graduate students and nine students registered; two auditors also enrolled.

The class met once a week from 7:00 P.M. - 11:00 P.M. In the first 8 weeks, the first class hour was used for a 101 lecture, the next two hours for a group session, and at 10:00 o'clock, the class met at a local restaurant for coffee. At the end of 8 weeks, at the termination of the 101 series, students were told that formal lectures would cease, and that we would continue to learn by examining the group process, and by relating the model of T. A. to actual experience. The basic texts were Berne's three books on T. A. and in addition other material dealing with individual and group therapy. In January, students were asked to prepare a paper on a topic dealing with some aspect of the life of the group. The following points were made explicit in the contract:

1. The teacher would lecture formally on only one approach, i.e., T.A., because he used T. A. and wanted to demonstrate how he used it.
2. The teacher would show his method of operation as a group therapist.
3. The teacher was unsure and uncomfortable about assigning class marks, and wanted students to assign marks to themselves and others. Later he realized that he was trying to force students to assign their own marks because of his fear of taking responsibility for judging performance.

The students were unanimous in wanting a mark of 70 percent or over, because they all had ambitions to proceed to advanced degrees. Some were angered at the unusual format of the class, and accused the instructor of being ambiguous, in the university calendar, as to the nature of the class. Others were initially willing and eager to participate in a new learning adventure.

The mark was settled by the instructor at the end of the term, and it was discussed with the students at the final party. The students expected that they would be told their marks and why. The instructor was unable to play "red tape" in order to escape discussing marks with the students.

During group sessions, the instructor had a program of education that he carried out by direct involvement with the students.

1. The maining of non-verbal cues. 2. The subjective meaning of individual ego states. 3. Games—"Gee You're Wonderful Professor", "Rapo", etc. 4. The continual shift and development of the group imago in each student. 5. The interplay of ego states in the group. 6. The use of special techniques, such as role-playing. 7. Exploration of the meaning and application of the therapeutic contract.

A THOUGHT FOR AUTUMN

They troubled less about the tower than the construction of a city for the workmen.

Kafka: The Tower of Babel

TEACHING TRANSACTIONAL ANALYSIS IN "T GROUPS"

Stephen Karpman, M.D.

Karpman was invited to run a three week "T Group" with eight selected professionals at Queen's Hospital in Honolulu. The group met daily from 9 to 11 a.m., five days a week. The members had read some TA text books in advance. They were enthusiastic about participating in such a group, finding out what games they played, and learning TA in the group setting for use with patients. The fifteen sessions, intuitively programmed as the situation developed, fell naturally into three overlapping phases:

(1) TEACHING It became necessary to review the material to include new unpublished concepts. An easily memorized outline was drawn up.

A. ORIENTATION Comparison with other therapies (Psychoanalysis, Character Analysis; Existential, Gestalt, Behavioral, and Reality Therapies; Group Therapy, Group Analysis, Family Therapy, etc.). PAC role preference by therapists and specific hazards resulting from each were discussed.

B. TRANSACTIONAL THEORY

Transactions: 1. Simple: Complementary, Crossed
2. Ulterior: Angular, Duplex

Games: Con, Gimmick, Payoff. Advantages: Strokes, position, stamps, script promotion, time structuring.

C. TECHNIQUE

1. Individual preparation, and experiences of the leader.
2. Group a. Contract
   (1) PAC reasons for entering therapy
   (2) Concrete, measurable therapy contract
   (3) Patient's Adult as ally
   (4) Contract Diagram, Authority Diagram
   b. Method: Structural analysis, Transactional analysis, Game analysis, Script analysis.

Two articles were mimeographed for study: "Trading Stamps" (TAB 3:127, April, 1964) and "Translating Delinquency into TA" (TAB 4:79, October, 1965).

(2) THERAPY Practical three week contracts were elicited. Two to three problems were covered daily. Intra-group and extra-group games and transactions were discussed in light of future payoffs and early family-group games and transactions. Professional hierarchy was a minor problem initially for the "high" and "low" men. Members were motivated for the "patient"' experience, and crossed transactions occasionally occured when leader switched to teacher or supervisor role.

The leader kept abreast of each day's developments by evening reading to review TA concepts and work notes. Teaching was oriented to familiarization by repetition, covering daily all of the ideas in the following check list:

1. Permission 2. Positions 3. Contracts

4. Inner dialogue. Structural clarification.
5. Games. Find humor (conning), connect sequences, use names often.
6. Script. Fairy tales, epitaphs, injunctions. Role in parents' script.
7. Stamps. Rackets, hobbies, credentials, collections.
8. Time structuring: withdrawal if games frustrated.
9. Getting things done instead of talking about it. Winners vs. losers.
10. Antithesis. Option to try other roles in your game, script, ego states.
11. Sweatshirt. Best quote. Listen for slogans, or rephrase.
12. Therapy style. Crispness, humor, find bigger units. Use blackboard.

(3) SUPERVISION In the last week there was some concern whether the therapists, when helping each other, sounded like traditional analytically-oriented therapists, ego-oriented therapists, or like transactional analysts. Help was given where necessary. At the close, it was felt that all members were skilled at using the TA approach. The end result was the formation of a TA study group in Hawaii.

A LIVING PROBLEM

"STOP SUCKING YOUR THUMB"

Cyprian St. Cyr

Finicky Snodgrass, the youngest of the Snodgrass children, sat one cold day with Horseley and his daughter Amaryllis before their pot-bellied stove.

"I got a problem," said Finicky, after a long silence while the three of them puffed on their corncob pipes.

"What Snodgrass doesn't have a problem?" asked Amaryllis.

"Hush, girl!" said Horseley. "Don't be saucy. What is it, Finicky?"

"It's my sister Lorelei. When we were little, I used to suck my thumb, and maw said if I stopped, she'd give me a nickel. So one day I stopped and I got my nickel. But Lorelei didn't get one, and she's still mad about it."

"Well, now, I guess you were happy about your nickel. Would you have been any happier if she'd got a nickel too?"

"No, but she would. But I would have figured I got a nickel for stopping something and she got a nickel for doing nothing. Why should she get a nickel for doing nothing? Why can't I get a nickel for doing nothing?"

"So if you get a nickel, she's unhappy, and if you both get a nickel, you're unhappy."

"I know," said Amaryllis, "if your mother'd whupped you for sucking your thumb and then stopped whupping you when you stopped sucking, then you and Lorelei would've both been happy.'"

"That's right!" said Horseley. "The way you tell it, there's no way for both of you to be happy with the nickel system, but nobody would've been unhappy with the whupping system."

Question: Should Finicky's mother have whupped him when he kept on instead of giving him a nickel when he stopped?

September 22. William Collins: "Curing a Sulk" (Tape)

Collins presented the case of a 48 year old woman who had a long-standing pattern of excessive drinking and had indulged in extra-marital affairs for twenty years.

She got permission from other members of the group to express her anger at her husband. She held to a contract with Collins of no drinking for the first five months, and is relieved that her last boy friend has stopped telephoning her. She and her husband took the "best vacation" in years immediately prior to to quitting the group, with the therapist's blessing. The tape demonstrated the sulk position which resulted from being abandoned by her father when she was five years old. Her position was "men are all interested in just one thing."

September 29. Jack Lindheimer: "The Humanoid."

Lindheimer presented the tape of the 12th individual session with a 20 year old in-patient. The seminar was given no introductory information. At the halfway point the tape was stopped and the seminar was asked to comment in regard to ego states, games, and diagnosis. The patient was heard as a compliant seductive Child, and Lindheimer as an Adult programmed Parent. The girl played "Wooden Leg" ("I can't bear to displease anyone") and "Stupid". The majority felt that the diagnosis was in the paranoid area.

In the concluding half of the tape, the patient was discussing a delusional system and was clearly psychotic. She said that her body was merely a shell occupied by either herself or some external force; and stated she was part of an extensive experiment. The patient wants to be accepted as human even though she believes she is non-human.

The contract with this patient was to establish enough Adult control over the Child impulses to return her to out-patient status.

OBITUARY

GEORGE VAUGHAN JONES

George Vaughan Jones, M.S.W., Executive Director of the Family Service Agency of the North Bay (Vallejo, Cal.), was a familiar figure to those who attended the San Francisco Seminar in the early years, and became one of the Charter Clinical Members of the ITAA under the Grandfather Clause. Many of us still remember with lively interest his presentation of "Control of Charities in a Small Town" (TAB 2: 71-72, July 1963), with its existential personal dilemma, and Mr. Jones's courage in taking that dilemma by the horns as recounted later (TAB 2:89, October 1963). Mr. Jones died on November 30, 1965 at the age of 58. He was born in Calgary, Alberta, and graduated from the University of British Columbia. He held several positions in the Bay Area and was active in community organizations. During World War II he was a pilot officer and bombardier in the R.C.A.F. He is survived by a sister and his wife, Beulah Dole Jones, M.S.W., who also attended the San Francisco Seminars. Besides his courage, he was also noted among us for his genial disposition, and we shall miss him.

DIRECTORY OF BRANCHES

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Conjoint Family Therapy, by Virginia Satir. Paperback. Contains a concise summary of clinical communication theory as practiced by the Palo Alto group, as well as much information and many acute observations concerning family dynamics. Written clearly, creatively, and informatively, it draws attention to many of the author's new and valuable insights in this field. $5.15

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ANNUAL BUSINESS MEETING

The Annual Business Meeting of the ITAA will be held at the office of Eric Berne, M.D., at 165 Collins Street in San Francisco, on Tuesday, October 25, at 9:30 p.m., following the regular scientific session of the SAFTAS. The main business will be the election of officers and directors, finances, and adoption of the revised Constitution and By-Laws.

ADVANCED MEMBERSHIP

Because of the increased number of applications for advanced membership, such applications will now be processed in a more formal way. Candidates for Clinical and Special Membership desiring to appear before the January Examining Board in Monterey should request application blanks no later than December 1, 1966, from Robert Goulding, M.D., Box 6116, Carmel, California 93921.

Advanced Members Passed By Examining Board, August 1966

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Jack Lindheimer, M.D., 4619 N. Rosemead Blvd., Rosemead
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Ira J. Tanner, 9417 Buffalo Ave., Orangevale, Cal.

* * *

GEORGE

(Our Sponsored Orphan in Crete)

George writes: "I passed the school exams with 7 (good). Now I go swimming and fishing too; I use a line and the small fish that I catch I give to my little pussy Tarzan. And now a Cretan song: 'Oh, oh, wherever you will go in Crete, you will dig up the corpses of brave men.' I send you a thousand greetings with the little birds that fly in the air."

EDUCATIONAL ACTIVITIES

FOURTH SUMMER CONFERENCE

The Fourth Summer Conference of the ITAA was held at the Mark Thomas Inn, Monterey, California, on August 20 and 21, 1966. There were 123 registrants from 10 states, 15 of whom attended the Introductory Course, and the remainder Clinical Sections. Concomitantly there were two meetings of the Examining Board, and 15 candidates were admitted to the advanced membership. The Executive Council met for several hours on Sunday afternoon to discuss improved examination procedures, officers and trustees, and the new constitution and by-laws. There were social gatherings at the home of Eric Berne in Carmel on Friday and Saturday evenings.

THE SCRIPT

The first issue of The Script appeared in September. This is a mimeographed newsletter put out by the President of the ITAA, for the information of advanced members. It contains announcements, pleas, administrative details, and suggestions which are too specialized in nature for inclusion in the Bulletin.

NEW BRANCHES

The Hawaiian Study Group under the leadership of Dr. Frances Cottington, Director of Psychiatric Education at Queen's Hospital in Honolulu, was formed following the workshop given in Honolulu by Dr. Stephen Karpman in June. It has 8 members. Dr. Cottington came to California to attend the Summer Conference in August to familiarize herself with some of the recent developments in TA, and has now established a TA therapy group at Queen's Hospital.

The Los Angeles and San Gabriel Valley TA Seminars have amalgamated to form a stronger organization. William Collins is President of the new LATAS for this year.

MOPTAS now has three branches: The Monterey Peninsula Transactional Analysis Seminar, the main body; the Carmel Institute for Transactional Analysis; and the Menlo Park Seminar in Menlo Park, Cal. The two new offshoots are both under the leadership of David Kupfer and Robert Goulding.

SAFTAS also has an offshoot in the Berkeley Transactional Analysis Institute under the leadership of Claude Steiner and Kenneth Everts, which initiated its first 101 course this month. BITA will emphasize the study of destructive or hamartic scripts (from the Greek *hamartia,* a tragic flaw), clinically manifested as alcohol, drug, and tobacco addiction, over-eating, suicidal tendencies, and criminal sexual diviation. BITA will offer group and individual treatment for these conditions, and TA training programs for therapists interested in their treatment.

The Chicago Study Group is in the process of further development and is ready to receive new members.

(Details about meetings in the above localities can be found in the Directory of Branches in this issue).

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and clergymen. The teaching is primarily oriented toward group therapy, social dynamics, and personality theory based on transactional analysis. The Association is now in its ninth year, and is self-supporting through tuition and membership fees.

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TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 6 JANUARY 1967 NUMBER 21

SCIENTIFIC PROCEEDINGS

LOS ANGELES 3
MONTEREY PENINSULA 3
SAN FRANCISCO 6

INDEX TO VOLUME V 7

MEMBERSHIP LIST 9

DIRECTORY OF BRANCHES 21

EXECUTIVE CONGRESS PROCEEDINGS 24

EGO STATES IN THE CLASSROOM 28
J. Hurley and H. Porter

THE PARENTAL POSITION 29
Z. Selinger

A LIVING PROBLEM 29
C. St. Cyr

EDUCATIONAL ACTIVITIES 30

TRANSACTIONAL ANALYSIS BULLETIN

published quarterly by the

International Transactional Analysis Association

and its affiliates

A Non-profit Educational Corporation

VOLUME 6 JANUARY 1967 NUMBER 21

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. A membership registration blank will be found on the back cover of each issue. For institutions & libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and inquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California 93921.

Contributors

Articles, clinical notes, news items, and letters should be addressed to the Editor at the above address. They should not exceed two double-spaced typewritten pages in length, and should conform to the requirements on page 131 of the April, 1966 Bulletin.

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SCIENTIFIC PROCEEDINGS

FALL QUARTER — ADVANCED SEMINARS — 202 — SEPTEMBER-DECEMBER, 1966

The abstracts below are written for professional readers who are assumed to be familiar with the principles and language of transactional analysis.

LOS ANGELES TRANSACTIONAL ANALYSIS SEMINAR

September 22. William Collins: "Curing a Sulk." (Tape)

Collins presented the case of a 48-year-old woman who had been seen for two sessions prior to being placed in a marital group with her husband, and who had been hospitalized for 15 days ("Passive-agressive personality with depression"). She had a long-standing pattern of excessive drinking and had indulged in extra-marital affairs for twenty years.

During the next seven months her husband "admitted" she had a drinking problem. She got permission from other members of the group to express anger at him. She held to a contract with Collins of no drinking for the first five months. She now can drink socially but tends to settle for "just one". She is relieved that her last boy friend has stopped telephoning her. She and her husband took the "best vacation" in years immediately prior to quitting the group, with the therapist's blessing. The tape demonstrated the sulk position which resulted from being abandoned by her father when she was five years old. Her position was "men are all interested in just one thing."

September 29. Jack Lindheimer: "The Humanoid" (Tape)

Lindheimer presented the tape of the 12th individual session with a 20-year-old in-patient. The seminar was given no introductory information. At the halfway point the tape was stopped and the seminar was asked to comment in regard to ego states, games, and diagnosis. The patient was heard as a compliant, seductive Child, and Lindheimer as an Adult programmed Parent.

MONTEREY PENINSULA TRANSACTIONAL ANALYSIS SEMINAR

August 26. Robert Goulding and David Kupfer: "Working with Angry Parents." (Tapes)

Seminar members heard two tapes of TA groups run by trainee therapists, both of whom asked for help in dealing with angry group members. The tapes sounded like people talking about anger, rather than angry people talking.

Goulding suggested that the key question for the therapist who has decided to deal with a patient's anger is "What do I do with a patient after I get him angry?" If this question is satsifactorily answered, the therapist is ready to push the patient while retaining control of the situation. Kupfer said a "tough" therapist can handle the situation better than a "nice" one.

September 9. Claude Steiner and Eric Berne: "Scripts and Cathexis." (By Invitation)

Steiner outlined steps in script analysis this way:

1. A Parental injunction lies behind most scripts. The script-writer hears a negative (Don't be a man!) command early in life.

2. The script-writer chooses a model from among fairy-tale heroes about age 8-12.

3. The script-writer chooses his favorite games, favorite racket, and preferred color of trading stamps by the standards of his script.

4. The therapist will find that he has roles in patients' scripts.

5. Destructive scripts lead to tragic endings; often the "death date" and circumstances are evident.

6. Because the script is based upon a reversible decision, the therapist can help the patient strike his "script-tent" and get a new and constructive show on the road.

Berne reviewed the structural concept of cathexis, indicating three kinds of mental energy in ego states: "bound" cathexis, representing the total charge of mental energy potentially available in each state of the P-A-C model; "unbound" cathexis, representing a variable level of mental energy immediately available for discharge; and "free" cathexis, representing a quantum of mental energy capable of moving from one ego state to another. The free cathexis is what we experience as "real self."

September 16. Richard Bailey: "Cybernetics and TA."

Bailey said cybernetics, defined briefly as the study of systems of communication and control common to both machines and men, could be used for mathematical analysis of therapeutic relationships.

(ED. NOTE: This hope has been frequently expressed by therapists during the past 20 years, but so far, despite efforts by qualified people at Rand Corporation and similar institutions, no one has come up with anything useful or enlightening by this method.)

September 23. Mary Edwards: "Wooden Leg Parents." (Tape)

Edwards asked the Seminar for help in getting a group of parents to give up PTA pastimes. She presented a tape of the third meeting of a TA group. Two men complained that they felt inadequate as fathers, fearing "emotional involvements" in emergencies. Whenever confronted by the therapist they played "Wooden Leg". The evidence indicated that they had learned "Wooden Leg" from their parents and were helping their children learn to play it. Goulding suggested frequent use of two questions when appropriate: "What are you afraid of?" and "What emergency are you avoiding right now?"

September 30. Richard Bailey: "A Prison Version of 'Kick Me'." (Tape)

Bailey presented a tape of the 22nd meeting of a group attending TA sessions voluntarily during mealtimes at a prison. "Ain't It Awful" as both pastime and game was evident. As the therapist moved to break it up, one of the members, Smith, opened a hard game of "Kick Me" about his record as a homosexual. Most of the other members, except for Jones who was attending his first meeting, took up the game with relish. The therapist turned to Jones, who tried to initiate a pastime of "Psychiatry--Psychoanalytic Type" by talking about his mother; Bailey refused to play, hooking Jones' Adult instead.

October 14. Mary Edwards and Jane Sivertsen: "From Mother to Husband." (Tape)

Beth, a 40-year-old housewife, felt guilty about not "helping her invalid mother enough." Her husband is a 100% disabled veteran. He works and she does not; therefore, she feels guilty. At the same time she resents having to take care of invalids, and says: "If it weren't for them . . ." The group laughed at this familiar phrase, and Beth joined in.

October 28. Mary Edwards and Jane Sivertsen: "In Our Family, When Things Get Tough We Run Away." (Tape)

Charmaine was depressed about not being an effective mother to her college-age daughter. When the therapists and group members stroked Charmaine, she responded with "Yes, but . . . ," then cried, and finally ran from the room. When she returned, she stated that her depression was caused by her daughter's threat to leave home.

The Seminar felt the tape contained the essentials of a two-generation play based on the family-culture statement: "In our family, when things get tough we run away."

November 4. Robert Goulding and David Kupfer: "Antithesis to Court-Room." (Tape)

The Seminar heard a skillful game of Courtroom played by Portia and Perry, a couple in the sixth session of a marital group. The usual antitheses had little effect .

Goulding told Portia that her treatment of Perry ties in with her sexual fantasies. Portia promised to consider a condition proposed by Goulding: "You may not talk about Perry until you have told us about your Child's fantasies."

December 2. David Kupfer and Robert Goulding: "Starting a New Group." (Tape)

The Seminar heard a tape of the first meeting of a new group led jointly by Kupfer and Goulding. The members are six women, all new to TA. No

didactic introduction of TA principles was attempted by the therapists.

"Who told you not to talk back?" " Was it your mother who told you not to show any anger?" were typical questions asked the members. The therapists called attention to second-person verbs in sentences like "You can't . . ." or "you must . . ." by verifying "who is 'you'?" each time. When group members were believed to be in an Adult ego state interpretations were made as to body postures and other observable physical manifestations.

Close attention to members' phrasing of statements and to changes in voice and posture helped to keep transactions referring to events going on in the room. Although this new group received no theoretical instructions in TA, its activity during its first meeting was focused on P-A-C relationships in the heads of its members.

December 16, 23, 30. Mary Edwards and Richard Bailey: "Preparation for Examination for Clinical Membership."

Be crisp, spontaneous, correct . . and, when appropriate, funny. These instructions were given by Kupfer and Goulding, who served as "examining committee" to fire questions at Edwards and Bailey during three seminars preceding the ITAA Winter Congress. Using questions from seminar members as well as from teaching members from other seminars, they covered theory and practice, including new material on script analysis. They were deliberately tougher on candidates than the examining committee would be, and insisted that candidates think on their feet rather than answer by rote. Advantages of this method: all members have the opportunity to learn; regular members find out what preparation they need for clinical exams; applicants were reassured by the toughness and thoroughness, and believed they would be less anxious on facing the actual examining committee.

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINAR

September 20. Martin Groder: "Script Elements."

Groder presented a transactional and script analysis of his 5-member group which has had 11 meetings with an attendance of 94%. A grid was used by the therapist for presenting the individual patients. The parameters of the grid were: name, contract, position, Myth, Fairy Tale, injunctions and injunctive parent, prototype, life games and therapy games, stamps with trade-in value, sweat shirt and slogans, epitaphs and deathbed scene, counter script, role of therapist, question. Information in each of these categories was classified as follows: hard—unlikely to be disproven; soft—probably true but not adequately documented; speculative—fancy footwork by the therapist hopefully useful as a clue. The impression was that the completeness of hard information corresponded to the clinical status and improvement of the patients in this group.

TRANSACTIONAL ANALYSIS BULLETIN

Volume 5, Nos. 17 - 20, 1966

SUBJECT INDEX

Abstracts, writing of 131
Alcoholics 133, 180
Alcoholism 174, 176
Annual Meeting 105, 190
A.O.A. Conference 139
A.P.A. Conference 139, 165
Book lists 100, 130, 163, 189
Book review 101
Children 92, 182
  concept of TA 94, 146
Contracts 111, 112, 175, 177, 183
  Adult 102
  co-therapist 114
Correctional officers 145
Co-therapists 114, 180
Diagrams
  script analysis 134
  script matrix 172
Directory of Branches 161
  revised 187
Divorce 154
Educational activities 106, 139, 165
Executive Congress 97
Fairy tales 150
Games 91, 103, 111, 112
  115, 136, 148, 149
  156, 176, 177
  response to 136
General practice, England 92
Getting well 186
G.G.G.P.S. Conference 165
Group treatment
  advances 179, 184
Health team 178
Impotence 181
Index, Volume 4 98
Introductory course 107, 132
ITAA
  annual meeting 167
  branches 107, 116, 161, 171, 187
  By-laws 138, 157ff
  Directors 1966 90
  headquarters 96, 138, 164
  membership, class of 97, 190
Gimbel Lectures 139
Delinquents 178
Leadership 95, 145
Lecturing on TA 102, 113, 139
  to patients 104
List of Members 117
  corrections 164
Listening 182
Living Problem 95, 135, 185
Marathons 143, 180
MMPI 146
Montessori method 112
Mothers 112, 113, 148, 149, 182
Obituary 186
Organizational news 105, 138,
  164, 190
Pastoral counseling 173
Patient progress 102, 144
Patients, homosexual 113
Permission 150, 171, 174, 177
Pregnancy 179
Pre-marital counseling 173
Protection 150
Psychiatric wards 102
Psychology 114
Psychotics 112, 186
Publicity problems 101, 132
Rackets 181
Research projects 102, 104
Scripts 113, 133, 150ff
  171, 180, 182
  counterscripts 133
  matrix 134, 171
Seasonal thoughts 99, 116, 160, 183
SFTAS, annual meeting 106
Summer Conference 96, 138
  proceedings, 1966 171
  program, 1966 166
Symbols 144
Tape recordings 114, 148
Teaching machines 92
Therapist
  intervention 149
  substitute 91
Therapy groups
  absentees 94
  adolescents 146, 148, 149
  attendance 111
  children 182
  cooperation 113
  for therapists 184
  initial meeting 111, 114, 146, 175
  large 147
  new members 147

non-TA 146
on-going 115
post-group 93
silence 145, 180
tentative plan 144
termination of 147
humor in 144
Transactional analysis
college students 178
college teaching 183
couples 115, 148
families 156
in nursing 174
in obstetrics 178
in-patients 174, 176
in prisons 145, 147
in the arts 93
lectures in 102, 104, 113, 139
146, 165, 173, 175
179, 183, 184
out-patients 178
recent advances 92
training in 103

TRANSACTIONAL ANALYSIS BULLETIN

Volume 5, Nos. 17 - 20, 1966

NAME INDEX

Bailey, R. 145, 147
Barr, R. 174
Berne, E. 91, 92, 93, 101, 105
106, 113, 132, 139
143, 144, 165, 171
Boyce, M. 106
Brown, E. 113
Cain, A. 180
Callaghan, V.L. 105
Chambers, S. 173
Clarke, W. 146
Collins, W. J. 165, 181, 186
Concannon, J. P. 93, 102, 106, 175
Courland, H. 106
Cromack, W. 144
Crossman, P. 91, 106, 113, 152
165, 178, 190
Dusay, J. 106, 112, 136, 139, 165
Edwards, M. 146
Eichhorn, D. 174, 190
Eichhorn, E. 178, 190
Ernst, F. 165, 178, 182
Everts, K. 106, 173, 176
Ewart, W. 190
Farley, M. 143
Fowler, J. 148, 149
Freed, A. 190
Freeling, P. 92, 103
George (orphan) 96, 138, 164, 190
Ghan, L. 183
Goodwin, J. 145
Goulding, R. 95, 115, 139, 176, 180
Greene, B. 139, 165
Groder, M. 144
Haiberg, G. 165, 174
Harris, T. 139, 165, 174, 175
Hess, J. W. 173, 190
Hochman, C. 112
Horewitz, J. 106, 111
James, M. 173, 190
Jones, G. V. 186
Karpman, S. 179, 184
Kupfer, D. 93, 94, 95, 105, 115
146, 154, 165, 175
179, 180
Lindheimer, J. 186, 190
MacFarlane, G. 114, 115, 145, 147
Maizlish, L. 148, 154
Mart, L. 93, 144
Martin, H. 190
Matson, V. 113
Morgan, R. 114, 145, 147
Nichols, D. J. 111, 143, 190
Northcott, M. 106, 112
O'Brien, R. 114
Olivier, J. E. 190
Osnes, R. 190
Poindexter, W. R. 92, 104, 106
144, 151, 179
Rojas-Alfaro, Z. 103
Rubenstein, M. 174
Samuels, S. 176, 178
Sivertsen, J. H. 94, 190
Soloway, M. 148, 149
St. Cyr, C. (pseud.) 95, 131, 185
Steiner, C. 91, 105, 112, 133
143, 144, 150, 165
177, 180
Tanner, I. J. 190
Underwood, W. 106
Wald, R. 92, 106
Wood, A. 139, 165
Young, D. 113, 143, 144, 156
Zechnich, R. 190

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(RM)	Gerwin, Edythe A.	1130 Angelo Dr., Beverly Hills 90210
(AM)	Glass, Donald, B.A.	5408 Coralite, Long Beach 90808
(RM)	Haer, John L., Ph.D.	506 N. Carmelina, L.A. 90049
*(TM)	Hodges, Robert M., M.D.	3951 E. Huntington Dr., Pasadena
(AM)	Kaeppel, Jack, M.A.	22325 Barton Rd., 33, Colton 92324
(AM)	Karnow, Gertrude, M.A.	10852 Hartsook, N. Hollywood 91601
(RM)	Kawin, Marjorie, Ph.D.	6542 Hayes Dr., L.A. 90048
(RM)	Keim, Edith K., M.S.W.	3951 E. Huntington, Pasadena 91107
(AM)	Kimble, Rita F.	8249 S. Calmosa Ave., Whittier 90602
(RM)	King, Elsie V., Ph.D.	14411 Hamlin, Van Nuys 91401
(AM)	Knipe, William L., M.S.W.	3116 Coolidge Ave., L.A. 90066
(AM)	Kotlar, Sally, Ph.D.	409 N. Camden Dr., Beverly Hills 90210
(AM)	Kramer, Lenore	1473 Bluebird Cyn., Laguna Beach 92651
(RM)	Landrud, Joseph C., Th.D.	10454 E. Valley, El Monte 91731
(RM)	Lasko, Alvin A., Ph.D.	1314 Westwood Blvd., L.A. 90024
*(CM)	Lindheimer, Jack H., M.D.	4619 N. Rosemead, Rosemead 91770
(AM)	Look, Loren	270 E. Marker St., Long Beach 90805
(AM)	Lowry, Leahdell, A.B.	9817 Crenshaw, Inglewood 90305
(AM)	McGinnis, Katherine, M.S.W.	1320 Marianna, Pasadena 91105
(RM)	McGlothlin, Marcella, Ph.D.	11520 San Vicente, L.A. 90049
(RM)	Maas, Jeanette P., Ph.D.	221-5 Arnaz Dr. Beverly Hills 90211
(RM)	Marsh, Donald D., Ed.D.	595 E. Colorado, Pasadena 91101
(RM)	Maxfield, Wes, M.D.	139 Belmont Ct., Redlands 92373
*(TM)	Means, Lawrence A., B.S.	16212 Bellflower, Bellflower 90706
(RM)	Mellon, Dina, A.B.	1132 S. Stanley Ave., L.A. 90019
(RM)	Meltzer, David, M.D.	9201 Sunset, L.A. 90069
(AM)	Montgomery, Jacqueline, Ph.D.	803 Cambria Way, Santa Barbara
(RM)	Moore, Eloise, M.A.	880 Orchid Ct., 20, Upland 91786
(RM)	Murray, Ruth, M.S.W.	2712 Locksley Pl., L.A. 90039
(RM)	Myerhoff, H. L., B.A.	Camarillo State Hosp., Camarillo 93010
(AM)	Nims, Jerry P., Ph.D.	595 E. Colorado Blvd., Pasadena 91101
(RM)	Palmer, Harrison, M.A.	15480 Washington St., Riverside 92506
(AM)	Paul, Louis, M.D.	161 S. Doheny, Beverly Hills 90211
(AM)	Perry, Evelyn B., M.S.W.	914 Eucalyptus, Inglewood 90302

(AM)	Pritcher, Leon, M.D.	8820 Wilshire, Beverly Hills 90211
(AM)	Raiskin, Helen, M.S.	2405 Roscomare Rd., L.A. 90024
(AM)	Reinhardt, Benjamin, L.L.B.	4249 Bellingham, Studio City
(AM)	Reinhardt, Ruth	4249 Bellingham Ave., Studio City 91604
(AM)	Richardson, Iris K.	3552 Camino Rojos, Palm Springs 92262
(RM)	Riggs, M. David, Ph.D.	710 S. Brookhurst, Anaheim 92804
(AM)	Robbins, Evelyn	3221 Shelby, L.A. 90034
(AM)	Russell, John C.	4314 Via Marina, Del Rey 90291
*(TM)	Samuels, Solon D., M.D.	6240 Maryland Dr., L.A. 90048
(RM)	Sandron, Leo C., Ed. Psych.	3426 Studebaker, Long Beach
*(TM)	Schapps, Myra R., M.S.W.	3966 San Rafael Ave., L.A. 90065
(AM)	Schwed, Gloria, M.S.W.	1436 Brockton Ave., L.A. 90025
(RM)	Soffer, Virginia	211 South Ave. 57, L.A. 90042
(AM)	Sokol, Tesse Y., M.S.W.	110 S. Van Ness Ave., L.A. 90004
(RM)	Symons, Thomas, M.S.W.	2216 N. Euclid Ave., Upland 91786
(AM)	van der Pauwert, Marinus	1174 E. Elizabeth, Pasadena 91104
(AM)	Walk, Donald, M.D.	U.S. Naval Hosp., Camp Pendleton 91104
(AM)	Watkins, Eugene	1601 S. Greencastle, La Puente 91746
(AM)	Watkins, Ida, M.S.W.	1125 S. Crescent Hgts., L.A. 90035
(AM)	Watt, Dean G., M.Th.	4634 N. Tyler Ave., El Monte 91731
(RM)	Wiens, George, B.A.	959 Ford St., Corona 91720
(AM)	Wilkening, Howard, Ph.D.	5280 Gravois Ave., L.A. 90032
(RM)	Winesburg, Velma, B.A.	1122 Eldon, Hacienda Hgts. 91746
(RM)	Wolpe, Claire, M.S.W.	234 S. Orange Dr., L.A. 90036
(AM)	Zahnd, Walter F., M.S.W.	6640 Calvin Ct., Riverside 92506

Monterey County

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(AM)	Bates, Talcott, M.D.	920 Cass St., Monterey 93940
(RM)	Black, William G.	Correctional Tr. Facility, Soledad 93960
(RM)	Bomberger, Russell, Ph.D.	4089 El Bosque, Pebble Beach 93953
(RM)	Davenport, Kathryn, M.S.W.	61 Clark, Salinas 93901
(RM)	Edwards, David G., Ph.D.	Toyon Way, Carmel Valley 93924
*(CM)	Edwards, Mary, M.S.W.	Toyon Way, Carmel Valley 93924
(RM)	Eifler, Carl F., Ph.D.	22700 Picador-Toro Park, Salinas 93901
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(RM)	Grundig, Helmuth, A.B.	44 Miramonte, Carmel Valley 93924
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*(TM)	Kupfer, David, Ph.D.	Box 2158, Carmel 93921
(RM)	McEwen, Gwen	Box 5747, Carmel 93921
(AM)	McHugh, Daniel	P.O. Box 605, Gonzales 93926
(AM)	Manor, Arnold, M.D.	980 Cass St., Monterey 93940
(AM)	Mothersill, Philip, M.S.	30 Lupin Lane, Carmel Valley 93924

(RM)	Napier, Janice, B.A.	Box 2067, Carmel 93921
(RM)	Reddert, Naomi, M.A.	Box 5722, Carmel 93921
(RM)	Robinson, Helen P., M.S.W.	Box 4684, Carmel 93921
(AM)	Sarett, Ruth, M.A.	Box 3114, Carmel 93921
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(AM)	Smith, Joan, B.A.	251 Littleness, Monterey 93940
(RM)	Stephens, Jack	Correctional Tr. Facility, Soledad 93960
(RM)	Thomson, George	1058 Cass St., Monterey 93940
(AM)	Van Horne, C. Winter, M.D.	Bin 35, Carmel Valley 93924
(RM)	Wagner, James, B.A.	Box 4138, Carmel 93921
(RM)	Wilhelm, Henrietta, M.S.W.	192 Sloat, Pacific Grove 93950
(RM)	Wilson, Verne, B.D.	3277 Begonia Cir., Marina 93933

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*(TM)	Boyce, Melvyn, B.S.	24 Madera Way, Mill Valley 94941
(AM)	Brown, George, M.D.	2140 Coronado Ave., Napa 94558
(AM)	Cottrell, Lillian, M.D.	3333 Chanate Rd., Santa Rosa 95404
*(TM)	Ernst, Franklin, M.D.	408 Tennessee St., Vallejo 94591
(RM)	Grim, Patricia, M.S.W.	1631 "B" St., Napa 94558
(RM)	Grinnell, Sheldon W.	Box 545, Imola 94558
(AM)	Harthem, Rose	2431 Shasta, Redding 96001
(AM)	Hayne, Melvin L., Ph.D.	3333 Chanate Rd., Santa Rosa 95404
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(RM)	Pearson, E. Ann	2350 McBride, A-27, Santa Rosa 95401
*(TM)	Poindexter, W. Ray, M.D.	324 - 2nd St., Sonoma 95476
(AM)	Scott, Betty L.	138 Chester St., Grass Valley 94545
(AM)	Siegel, Helen, B.S.	1751 Mar West, Tiburon 94920
(AM)	Smith, Shirley E., R.N.	355 Brown St., Napa 94558
(RM)	Swearingen, P.V., M.D.	338 Montrose Dr., Folsom 95630
(RM)	Woodbury, Norman	265 Miller Ave., Mill Valley 94941

Sacramento Area

(RM)	Babich, Marie E., M.D.	3880 American River Dr. Sact. 95825
(RM)	Babineau, Pearl H., M.S.W.	924 - 39th St., Sacramento 95816
(AM)	Beeman, Gale	3300 "J" St., Sacramento 95816
(RM)	Bender, Barbara, B.A.	3405 Evergreen Cir., W. Sacto. 95691

(RM)	Billings, Alice S., B.A.	Rt. 1, Box 204-C, W. Sacto. 95691
(RM)	Billings, Irene F., R.N.	2237 Dunlap Dr., Sacto. 95821
(RM)	Billings, Robert, B.A.	Rt. 1, Box 204-C, W. Sacto. 95691
(RM)	Borchert, Jessie, B.A.	5609 Kingston Way, Sacto. 95822
(RM)	Brand, Evelyn G., M.S.W.	2260 Arliss Way, Sacramento 95822
(RM)	Bruker, Marguerite, B.S.	8348 Grinnell Way, Sacto. 95826
(RM)	Cox, Ralph E., M.D.	3811 Florin Rd., Sacramento 95623
(RM)	Cunningham, George, B.A.	1403 Carrousel Ln., Sacto. 95822
(RM)	Douglas, Gerald, A.B.	3131 "C" St., Sacramento 95816
(RM)	Doyle, Gerald, M.D.	3701 "J" St., Sacramento 95816
(RM)	Drewry, Constance B.	1146-A Belfair Ct., Sacramento 95825
(SM)	Eichhorn, Donis, R.N.	1509 Del Dayo Dr., Carmichael 95608
(SM)	Eichhorn, Erwin, M.D.	5301 "F" St., 303, Sacramento 95819
(AM)	Emmons, Lowell, M.D.	9442 Golden Dr., Orangevale 95662
(RM)	Fong, R. Ronald, M.D.	2322 Butano Dr., Sacramento 95825
(SM)	Freed, Alvyn M., Ph.D.	4329 Valmonte, Sacramento 95825
(RM)	Fuson, Arnold, M.A.	3704 West Way, Sacramento 95821
(RM)	Fuson, Mary	3704 West Way, Sacramento 95821
(RM)	Gendel, Sidney, M.S.W.	854 - 36th St., Sacramento 95816
(AM)	George, Stephen J.	1009 Yale St., Sacramento 95818
(RM)	Gualco, James A., LLB	P.O. Building, Walnut Grove 95690
*(TM)	Haiberg, Gordon, M.D.	.2732 Coleman Way, Sacto. 95818
(RM)	Hanley, Alicerae, M.S.W.	2850 Castro Way, Sacto. 95818
(RM)	Harris, Amy B.	5301 "F" St., 302, Sacramento 95819
*(TM)	Harris, Thomas, M.D.	3129 Ellington Cir., Sacto. 95825
(SM)	Hess, J. Weaver, B.D.	1237 El Sur Way, Sacto. 95825
(RM)	Hill, David M., M.S.	1805 Jamestown Dr., Sacto. 95815
(AM)	Hughes, Andra Banks, B.S.W.	710 - 29th St., Sacto. 95816
(RM)	Hughes, A. LeRoy, M.A.	5137 Brookview, Carmichael 95608
(RM)	Huiarhan, Brian, M.D.	5301 "F" St., Sacramento 95819
(RM)	Kreis, Joyce B., R.N.	3148 Delwood Way, Sacto. 95821
(AM)	Lambert, Lewis, M.D.	3001 Laurel Dr., Sacramento 95825
(RM)	Larson, Sophus C.	Box 238, Represa 95671
(AM)	Lefson, Emmy G., M.S.W.	1357 - 47th St., Sacto. 95819
(AM)	Logan, Carolyn M.	1343 - 3rd Ave., Sacramento 95818
(RM)	Lowe, H. Holling, M.D.	2930 Eastern Ave., Sacto. 95821
(RM)	Lunde, Finn, M.D.	P.O. Box 192, Auburn 95603
(RM)	Lundeen, Wallace, B.D.	P.O. Box 304, Pine Grove 95665
(RM)	McHale, James, B.A.	7106 - 6th Parkway, Sacto. 95823
(RM)	McKell, David, M.S.W.	3610 - 5th Ave., Sacto. 95817
(RM)	Marks, Dennis N., M.D.	1813 Professional Dr., Sacto. 95825
(RM)	Marshall, Mrs. B. H., B.A.	3911 Knollwood Ct., Sacto. 95821
(RM)	Marshall, Bruce, M.D.	5301 "F" St., Sacramento 95819
(RM)	Mart, Larry E., M.S.W.	232 Luther Rd., Auburn 95603
(RM)	Mathewson, Helen, A.B.	7259 Minuet, Citrus Hgts. 95610

(RM)	Messenger, Rita, R.N.	R,. 1, Box 80, Newcastle 95658
(RM)	Mohler, Margaret, M.S.W.	2643 Bridgeport, Sacramento 95826
(RM)	Nelson, June, M.A.	1408 El Nido Way, Sacramento 95825
(RM)	Nesbit, William, B.A.	3610 - 5th Ave., Sacramento 95817
(RM)	Nicholson, Richard, M.A.	1014 Federal Bldg., Sacramento
(RM)	Nystrom, Hazel, M.A.	Box 5034, Oak Park Stn., Sacto. 05817
(SM)	Osnes, Russell, B.Th.	7607 Garden Gate, Citrus Hgts. 95610
(RM)	Petrulio, Ernest J., M.D.	1813 Professional Dr., Sacto. 95825
(RM)	Phillips, Charles, B.A.	3610 - 5th Ave., Sacramento 95817
(RM)	Ralph J. Clyde, M.D.	5012 Freport, Sacramento 95822
(RM)	Ramsey, Elling, B.Th.	5531 - 27th Ave., Sacramento 95820
(RM)	Robberson, Jack, M.S.W.	3610 - 5th Ave., Sacramento 95817
(RM)	Root, Berton K., B.A.	5061 "H" St., Sacramento 95819
(RM)	Royster, Laura, A.B.	1723 Chapman, Davis 95616
(RM)	Sadugor, Marvin G., M.D.	2600 Capitol Ave., 404, Sacto. 95816
(RM)	Saldine, John R., LLB	901 "H" St., 202, Sacramento 95814
(AM)	Sawyer, David	Rt. 1, Box 127, Wheatland 95692
(RM)	Smith, Harold R., A.B.	3301 "S" St., Sacramento 95816
(RM)	Stewart, Katherine, M.A.	3100 Oak Cliff Ct., Carmichael 95608
(RM)	Stubblefield, Howard, M.D.	3040 Sierra Blvd., Sacto. 95825
(RM)	Swanson, Zana B., M.D.	1435 Adobe Canyon, Kenwood 95452
(SM)	Tanner, Ira J., B.Th.	9417 Buffalo Ave., Orangevale 95662
(RM)	Vance, Robert J.	Box 6, Represa 95671
(RM)	von Ende, Estelle, M.A.	8216 Rensselaer Way, Sacto. 95826
(RM)	Wells, Clarence E., Jr.	1785 - 5th St., Oroville 95695
(RM)	Wemmer, Frederick, A.B.	1955 Bidwell Way, Sacramento 95818
(RM)	White, Thelma B.	2351 Glen Ellen Cir., Sacto. 95822
(RM)	Wininger, Harold, LLB	4251 Breuner Ave., Sacto. 95819
(RM)	Wolter, Leroy, M.A.	P.O. Box 214642, Sacramento 95821
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*(CM)	Olivier, J. Edward, M.D.	2850 Brant St., San Diego 92103
(AM)	Patricia, Palmieri	2871 Brosnan St., San Diego 92111
(AM)	Smith, John R., Ph.D.	4347 Conrad, La Mesa 92043
(RM)	White, Blanch H., M.S.W.	3717 Crestwood, San Diego 92104
(AM)	Zimbelman, Charles R., B.D.	6402 Seascape, San Diego 92114

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(RM)	Anderson, Ellen Kirschman	1917 Jackson St., San Francisco 94109
(AM)	Anderson, Robert, M.D.	401 Parnassus, San Francisco 94122

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(AM)	Barnett, Lowell J., M.S.W.	11761 Saratoga Ave., Saratoga 95070
(RM)	Barrett, Gayle, M.S.W.	1800 Franklin, San Francisco 94109
(RM)	Belmont, Josephine, M.S.W.	657 Corbett, San Francisco 94144
(RM)	Bertino, Laura, M.A.	2297 Laguna St., San Francisco 94115
(AM)	Bonret, Marie-Louise	405 Serrano Dr., San Francisco 94132
(RM)	Braum, Elizabeth, M.S.W.	1838 Baker, San Francisco 94115
*(TM)	Callaghan, Viola L., M.A.	272 Parker, San Francisco 94118
(RM)	Carlat, Paul B., M.D.	1398 - 5th Ave., San Francisco 94122
(AM)	Clisham, David	1973 Filbert St., San Francisco 94123
(AM)	Cottle, Margaret, M.S.W.	782 - 11th Ave., San Francisco 94118
(RM)	Courland, Herbert, A.B.	504 Lakeview, Redwood City 94062
(AM)	Crawford, Jean	3810 Sacramento, San Francisco 94118
(AM)	Davis, Edna, M.S.W.	1475 Kerley Dr., San Jose 95112
(AM)	Dettering, Richard	748 Duncan, San Francisco 94131
(RM)	Dew, Benjamin, M.D.	3810 Sacramento, San Francisco 94118
(RM)	Duncan, Cdr. Richard	U.S. Naval Comm. Sta., FPO, S.F. 96630
*(TM)	Dusay, John M., M.D.	2709 Jackson St., San Francisco 94115
(RM)	Ernst, Ken, B.A.	4289 Alder Ave., Fremont 94536
(RM)	Fidaleo, Raymond A.	401 Parnassus, San Francisco 94122
(RM)	Fielding, Joyce E., M.D.	1429 Dana, Palo Alto 94301
(RM)	Fielding, Wesley C., M.D.	1429 Dana, Palo Alto 94301
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*(TM)	Gritter, Gordon, M.D.	2846 Fillmore, San Francisco 94123
(RM)	Groder, Martin, M.D.	548 Pacheco St., San Francisco 94116
(RM)	Gunnell, Kim	1002 Fremont Ave., Sunnyvale 94087
(AM)	Hardgrove, Carol	824 Crescent Ave., San Mateo 94402
(AM)	Harris, Ellen, M.S.S.	4042 - 20th St., San Francisco 94114
(RM)	Hart, H. Max, M.A.	521 Del Medio, Mountain View 94040
(AM)	Haven, Bess, M.S.W.	160-B Alpine Terr., San Francisco 94117
(AM)	Herzog, Karen Anne	1277-B 4th Ave., San Francisco 94122
(RM)	Hitchcock, Eva, M.S.	2808 Laguna St., San Francisco 94123
(RM)	Johns, L.Cdr. Harry D.	USS Chicago (CG-11), FPO, S.F. 96601
(AM)	Jongeward, Dorothy, M.Ed.	487 Malaga, Pleasant Hill 94523
(RM)	Koenig, Patricia	245 LaPala, 35, San Jose 95127
(RM)	Krop, John P., M.S.W.	1628 Fairorchard, San Jose 95125
(RM)	Lansky, Mel	624 Parnassus, San Francisco 94122
(RM)	Larsson, Rachel	255 Shrader, San Francisco 94117
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(RM)	Lewis, Gilbert, M.D.	341 Spruce, San Francisco 94118
(AM)	Lyon, B. B. Vincent, B.A.	3933 Clay St., San Francisco 94118
(RM)	MacFarlane, George, M.S.W.	Camp Zama, Japan, A.P.O. S.F.
(RM)	McCurdie, Jack, B.A.	225 Hyde St., San Francisco 94102
(RM)	Mikesell, Mike	350 Judah St., 101, San Francisco 94122
(RM)	Minudri, Molly H.	1095 Market, San Francisco 94103

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(AM)	Petersilie, Velma	1040 Bush St., San Francisco 94109
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(RM)	Saltzman, S.S., Ph.D.	173 Laidley St., San Francisco 94131
(AM)	Sainio, Margaret, M.D.	470 W. Maple Way, Woodside 94061
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(RM)	Toliver, Bernard, M.S.W.	914 Divisadero, San Francisco 94115
(AM)	Vieira, Louis G.	269 S. 23rd St., San Jose 95116
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(RM)	Crucis, Sister Rose, A.C.S.W.	250 S. Vineyard, Honolulu 96813
(RM)	Erhart, Betty, M.S.W.	45-955 Kam. Hwy., Kaneohe
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(RM)	Nasse, John T., Jr., M.D.	Queen's Hospital, Honolulu 96813
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Write or phone the above address for the ITAS monthly Bulletin which gives news of 101 and 202 Seminars in the Sacramento area.

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(415) 556-1252
Meets every Tuesday at 8:30 p.m. at the above address. First and last Tuesdays each month open to all professionals—Other Tuesdays for members only.

* * *

DIRECTORY NOTICES

(1) Membership List

There are many people whose professional degrees are not included in the membership list because we do not have them on file. If your degree is not listed, please let the executive secretary know what it is. A few people are listed by nicknames, such as "Bill" or "Tom" and we would like to know what their full names are.

(2) Affiliates

Secretaries of Affiliates are requested to send to the Executive Secretary of the ITAA announcements of Courses and other news items for publication in the Bulletin. The deadline for the next issue is April 1.

International Transactional Analysis Association

THIRD ANNUAL EXECUTIVE CONGRESS

El Mirador Hotel, Palm Springs, California
January 7 - 8, 1967

SUMMARY OF MINUTES

MEMBERS PRESENT:

Eric Berne, M.D., Viola Callaghan, M.A., Hedges Capers, B.D., William Collins, M.S.W., Patricia Crossman, M.A., Jack Dusay, M.D., Mary Edwards, M.S.W., Franklin Ernst, M.D., Robert Goulding, M.D., Gordon Haiberg, M.D., Thomas Harris, M.D., Robert Hodges, M.D., David Kupfer, Ph.D., Jack Lindheimer, M.D., Larry Means, B.S., D. Jay Nichols, M.D., J. Edward Olivier, M.D., W. Ray Poindexter, M.D., Solon Samuels, M.D., Myra Schapps, M.S.W., Jane Sivertsen, M.S., Claude Steiner, Ph.D., Robert Zechnich, M.D.

STANDARDS

The Executive Congress began with a discussion of what the minimum standards for teaching the 101 should be. Previously the course had to be given over a period of not less than four weeks. It was voted that the 101 be given for a minimum of eight hours over a period of not less than six weeks. This motion applies to those Teaching Members who give the course within the area of their own Seminars. In exceptional circumstances, such as when the instructor is travelling in an area where there is no Seminar, a shorter course may be given with the O.K. of the President and/or the Board of Trustees.

SUPERVISION

The members touched briefly on the matter of long-distance supervision of candidates for clinical membership and of study groups. Several of the Teaching Members present felt that long-distance supervision will become a very important aspect of advanced membership training.

CREDENTIALS

Claude Steiner was appointed Chairman of the new Credentials Committee. This committee will discuss the position and problems of non-psychiatric practitioners and of Special Members. It will decide on means for testing how successfully people have comprehended the 101 course, and who will be eligible for receiving completion certificates. It will review training procedures for clinical membership candidates. The Examining Committee will follow up with the actual examinations.

EXAMINATIONS

It was voted that in the future all 101 courses for which certificates will be requested will be terminated by a written examination. This examination will be prepared by the instructor and will cover all the essential material taught.

NEW MEMBER

The Chairman of the Examining Committee, announced that Mary Edwards, M.S.W., of Carmel, California, passed her examination unanimously to become a new Clinical Member of the ITAA.

NEW SEMINAR

Hedges Capers and Ted Olivier of San Diego were authorized to start a new 202 Seminar there.

RESEARCH

Claude Steiner was appointed Chairman of the Research Committee. Hereafter, the various committee chairmen will be responsible for setting up committee meetings and for taping all proceedings; one copy of each such tape must be submitted to the Executive Secretary no later than four weeks after the meeting. Committees must meet on their own time, rather than concurrently with regular business meetings.

TAPES

It was thought advisable to limit the sale of tapes, and also of the Teaching Outline, to those persons who have had the 101 and who want the tape and/or the outline for review purposes.

SUMMER CONFERENCE

There was a preliminary discussion of ideas for presentations at the 1967 Summer Conference. The Conference will be held August 19-20 at the San Francisco Hilton.

INITIATION FEE

There was extended discussion of the $100 initiation fee which has up to now been charged to new Special and Clinical Members. The general feeling was that clinical membership is a privilege, that the benefits far outweigh the initiation fee. It was voted that Special Members pay an initiation fee of $25.00; that Clinical Members pay an initiation fee of $75.00 (refundable if they do not pass the examination) and an unrefundable fee of $25.00, for a total of $100.00. It was voted that payment of initiation fees be designated by a certificate. Another motion provided that Grandfathers merely pay the cost of preparing a certificate to obtain one; that initiation fees are not retroactive.

TERM OF OFFICE

It was voted that the term of office for ITAA Officers and Trustees be changed from October-October to January-December. However, elections will still be conducted in October.

BY-LAWS

The By-Laws Committee, under Chairman Gordon Haiberg, met with the Sacramento attorney who drafted the new ITAA By-Laws. Copies of these By-Laws will be distributed upon request at the Summer Conference. A final vote will be taken at the October business meeting.

As the Bulletin is growing rather quickly, much of the burden of editing, which Eric Berne presently handles, must be shared by more people. The possibility of an Editorial Board was reviewed. A motion provided that all work intended for publication in the Bulletin must be screened through the President or his designate of each Seminar. The heads of Seminars are automatically responsible for gathering articles, checking format and content, and for sending in the material to Eric Berne.

* * *

NEW DEVELOPMENTS

Educational

Dr. David Kupfer and Dr. Robert Goulding went on an extended trip to Chicago and Atlanta, giving Introductory Courses and Clinical Seminars in both places. The results are a firmer organization in Chicago with the activation of a city-wide study group which meets at the Children's Memorial Hospital, the formation of a study group in Atlanta, and another at the correctional institution at Alto, Georgia.

There has been increased activity in Hawaii. Eric Berne conducted several seminars at Queen's Hospital in December, and David Kupfer spent two weeks in Honolulu in February, giving a well-attended Introductory Course and several Advanced Seminars.

Hedges Capers and Edward Olivier have started a new Seminar in San Diego which is attended by a large number of clergymen. They are planning to extend their educational offerings to the clergy, who otherwise have few places where they can go for adequate training in pastoral counseling, which is a necessary part of their function.

Board Game

The Board Game, based on Games People Play, is now in the process of commercial production by ALPSCO, e well established manufacturer of chess sets and other board games, The object of this game from our point of view is to raise funds for the research and educational activities of the San Francisco Seminars, who designed it, and the bulk of the royalties will be available for these purposes, the remainder going to previous assignments of copyright, fees, and other expenses.

Psychoanalytic Theory

With the continuing extension, firming up, and validation of transactional theory, it becomes possible to make a more systematic synthesis with psychoanalytic theory. Fairbairn's "Object Relations Theory of the Personality" is the best theoretical bridge in this respect, while the development of Freud's theories can be followed easily in Marthe Robert's "The Psychoanalytic Revolution," which your editor reviewed in a recent issue of the New York Times Book Review. Both these books will be stocked by Transactional Pubs if there is a demand for them.

TRANSACTIONAL PUBS BOOK LIST

Transactional Pubs is intended as a convenience for our members. Prices quoted include postage and taxes where applicable. **All sales are cash prepaid, except for Government and other requisitions.** No books can be sent on consignment.

LIMITED EDITIONS

Games People Play. The Limited Edition of Games People Play is now exhausted. The book will continue to be available in the hard cover trade edition (the same one sold in book stores) for the same price. $5.20

Principles of Group Treatment, by Eric Berne, is now available in a limited edition of 500 copies put out by Transactional Pubs as TAB Supplement No. 3. It is the same as the trade edition published by Oxford University Press, except for a special title page, and the price is the same. Part I: General Principles of Group Treatment. Part II: Transactional Group Treatment. $6.76

We also have a reprint from the 1966 issue of the annual "Current Psychiatric Therapies," entitled **Recent Advances in Transactional Analysis,** by Eric Berne. 35c per copy.

TAPES

Condensed Introductory Course in Transactional Analysis, TAB Tape Supplement No. 2. Four lectures given at the Second Summer Conference, 1964. Four hours, 3 3/4 ips., professional recording. $26.

OTHER BOOKS AVAILABLE

Outline for an Introductory Course in Transactional Analysis and Social Dynamics, TAB Supplement No. 1. 13 pages in mimeograph, interleaved with blank foolscap pages for notes, giving topical headings for a course of eight lectures. This is useful for instructors, for those taking an Introductory Course, or for anyone desiring a summary of transactional theory. $2.08

Transactional Analysis in Psychotherapy. Paperback. The basic text for transactional analysts. $4.11

The Structure & Dynamics of Organizations & Groups. Hard cover. The transactional theory of group dynamics, and its application in the therapy of ailing groups. "Of great interest and importance to those people who teach groups, lead them, record or observe them, or just participate in them." (American Psychiatric Association Bulletin, February 1965). $7.80. Paperback $2.55

Conjoint Family Therapy, by Virginia Satir. Paperback. Contains a concise summary of clinical communication theory as practiced by the Palo Alto group, as well as much information and many acute observations concerning family dynamics. Written clearly, creatively, and informatively, it draws attention to many of the author's new and valuable insights in this field. $5.15

Layman's Guide to Psychiatry & Psychoanalysis, by Eric Berne. Paperback. A simple and readable introduction to the principles of psychoanalysis, with a survey of the field of clinical psychiatry. Originally published as **The Mind in Action.** "It presents succinctly the dynamics of the development of personality in health and in illness . . . To our knowledge this book is the best of its kind." (Psychoanalytic Quarterly, 1948). $2.03

Transactional Pubs, P.O. Box 5747, Carmel, California 93921

CHILD EGO STATES IN THE COLLEGE CLASSROOM

John Hurley, Ph.D. and Howard Porter, M.A.

Berne's differentiation between the adapted child (AC) and natural child (NC) ego states views AC functioning as characterized by a general inhibition of impulse expression historically grounded on the fear of disturbing others while NC functioning is directed against external restraints and expressed in openly self-indulgent or assertive acts. The construct validity of this distinction was explored by having instructors categorize students in an undergraduate Study Methods course, a group notable for immature academic behavior, into AC and NC subgroups and then comparing them on relevant personality indices. Each student was categorized as either AC, NC, or cannot say, according to the instructor's observations of their classroom behavior during 20, twice-a-week, 50-minute class periods. Over a nine week re-categorization interval, the instructor most conversant with Berne's writings made 47 identical categorizations with 18 shifts to or from the cannot say category, but with no AC to NC reversals. The other instructors' categorizations were only slightly less stable.

Selected personality measures were administered to 194 students enrolled in nine sections of the course, three taught by each instructor. All completed the MMPI Psychopathic deviate (Pd) and the Marlowe-Crowne Social Desirability (SD) scales. A true-false version of La Forge's Interpersonal Checklist (ICL), providing scores on the orthogonal factors Lov (love-hate continuum) and Dom (dominance-submissiveness continuum), was completed by 165 of the students.

It was hypothesized that AC functioning would be linked with lower Pd and Dom scores (reflecting rebellious and dominating tendencies) but with higher SD and Lov scores (reflecting conforming and acceptant tendencies) than characterized NC functioning. Confirmation was found for both sexes on the ICL Lov and Dom factors. Males differed as expected on Pd scores. Only the SD measure failed to differentiate reliably between the AC and NC categories. However, all group differences were in the hypothesized directions except for a minute Pd scale reversal among females.

Beyond supporting the construct validity of the AC and NC formulations, the results show that relatively untrained raters can effectively use these concepts to identify two distinctive subgroups in the college classroom. Together, these groups constituted 68 percent of all course enrollees. Another implication of the results is that AC and NC ego states may be somewhat more monopolistic and less fleeting in character than has sometimes been suggested. Research to identify personality test correlates of Berne's other ego states appears promising, particularly if comprehensive and behaviorally oriented measuring techniques, like the ICL, are employed.

— A THOUGHT FOR WINTER —

If you're running a matzo factory, you don't get tough with the rabbi who decides what's kosher.

C. St. Cyr: *Letters to My Wife's Maid*

THE PARENTAL SECOND POSITION IN TREATMENT

Zelig Selinger, M.D.

The following characteristics were noticed in patients who have the position I am OK, you are not OK, and who operate from the Parent ego state.

1. Distrusting, suspicious
2. Comes to therapy by some outside influence and not on his own
3. Tendency to act as co-therapist or take over
4. Tries to get the therapist into arguments or make him give a lecture
5. Acts as if he is not really a patient
6. Antagonizes the group easily
7. Prefers to discuss generalities rather than specific situations
8. Responds poorly to therapy
9. Special position in the family of origin—only child, only son or daughter, eldest
10. Has difficulty in perceiving other people's feelings
11. Parent active in love relationships
12. Games: Corner, Blemish, Look What You're Doing To Me, You Got Me Into This, Ain't It Awful, Let's You and Him Fight, I'm Only Trying to Help, Look How Hard I'm Trying
13. Latent homosexuality causes disturbance in marriage
14. This constellation is more common in males—in a series of 30 cases, 25 were men. The prognosis is poor and some leave therapy after a few months, in contrast to those who show a predominantly Child ego state in treatment.

Dr. Selinger, of Edmonton, Alberta sends news of his teaching activities. He includes 18 hours of introductory transactional analysis in a 40-hour psychiatry course which he gives to public health nurses.

* * *

A LIVING PROBLEM

"SONS ARE SMARTER THAN THEIR FATHERS"

Cyprian St. Cyr

One day Gregory Dolphin, who lived in a bubble two hundred feet below the surface of the sea, dropped by on his vacation to see R. Horseley, the Sage of the Ozarks.

"You know, old boy," he complained, "I can train a whale to jump out of the water on command twenty-five feet straight up in the air, but I can't keep my own sons from getting sassy."

"What have your delinquent merboys been up to now?" asked Horseley.

"Just sassing. It goes like this. He says to me: 'Dad, are sons always smarters than their fathers?' 'Preposterous,' I reply. 'Okay, Dad. Who invented the submarine?' 'Ha!' I answer, thinking I have him. 'Leonardo da Vinci.' 'Okay. Then why didn't his father invent it? And who discovered X-rays?' 'Roentgen. So why didn't his father discover them, eh? Go eat a guitar, Buster.' "

Question: How would you talk your way out of that one?

EDUCATIONAL ACTIVITIES

TA AT THE APA

The Annual Meeting of the American Psychiatric Association will be held in Detroit, Michigan, May 8 - 12. There will be an evening panel on "Transactional Analysis of Life Scripts" on Thursday, May 11, at 8 p.m., with Eric Berne, Kenneth Everts, Robert Goulding, D. Jay Nichols, Barbara Rosenfeld, and Claude Steiner. It is planned to have a hospitality headquarters, to which all our members and other interested parties are invited to browse, rest, and talk, with refreshments supplied by courtesy of the ITAA.

TELEVISION PROGRAM

The television interview on transactional analysis which was filmed before Christmas was screened over the National Educational Television Network as two half hour shows on the "Spectrum" program, which is a review of recent developments in science. Over most of the network, the color film was shown on the evenings of February 7 and 14, 1967, and was re-run by most of the stations later in the week. On those stations which did not have color broadcasting equipment, the film came through in black and white which lost some of the scenic effects, since most of the interview was conducted while driving along Seventeen Mile Drive in Pebble Beach near Carmel, California. The interviewing, by David Prowitt, was skillfully conducted so as to bring into focus the main features of transactional theory, while the editing was done by Tom Mossman, the director, in such a way as to give continuity and interest to the exposition. In this way several million viewers became acquainted with PAC, games, rackets, contracts, permissions, and scripts, and other aspects of TA. The films will also be shown in other countries abroad.

PAPER WRITERS

The time is coming to publish a year book. Anyone who has published a paper about TA other than in the Bulletin is requested to send me three copies: one for the printer, one for the editor to work on, and one for the archives of the ITAA. Items published in the Bulletin will be taken care of separately. Please send these to Eric Berne, c/o ITAA, Box 5747, Carmel, California, 93921. Theses are also acceptable. If you do not have reprints, three photocopies of the original manuscript or publication will be acceptable. In any case, we would also like to publish a complete bibliography of TA, so even if you find it impossible to send copies, at least send in the complete reference to anything you have published in this area. Do not send onionskins or other transparent paper, or singlespace typescripts. Material must be on smooth opaque paper with good margins at top, bottom and sides, doublespaced, with a good ribbon. A kit for this, including a new ribbon and heavy paper, can be purchased at any five and ten cent store for less than two dollars, which is not a high price to pay for immortality.

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINARS

Seminar 202, Transactional Analysis in Clinical Practice, meets every Tuesday evening at 8:30 p.m. at the office of Eric Berne, M.D., 165 Collins Street. The first and last Tuesdays of each month are open to professional visitors including medical students, junior and senior undergraduates in psychology, social work, and other social sciences, graduate students, nurses, and professional people not in full time clinical practice. The remaining meetings are closed, except that full time clinicians may visit at any time by giving advance notice to secretary, Pamela Blum, 566-1252.

SPRING INTRODUCTORY COURSE

The next Introductory Course in Transactional Analysis will be offered starting March 1, 1967. It is open to those who are engaged in clinical work or are registered for advanced study in the clinical or social sciences at a recognized university or college. Enrollment will be limited to 30.

101. Introductory Social Dynamics. Wednesday evenings at 8:30. Eight meetings, March 1 - April 19, 1967. Instructors: Dr. Berne and Dr. Dusay. Meetings will be held at the office of Dr. Dusay, 2709 Jackson Street, San Francisco. Fee $50, payable in advance. (Undergraduates $25).

For further information or enrollment, write the SFTAS, 165 Collins St., San Francisco, California, 94118, or call the Secretary, Pamela Blum, 566-1252, after 6 p.m.

NORTH BAY CITIES INSTITUTE ACTIVATED

This Institute is designed to serve the cities of Sonoma, San Rafael, Petaluma, Santa Rosa, Vallejo, and Napa. Training is primarily concerned with the use of transactional analysis theories and methods of application in group therapy situations. Enrollment is open to those in the clinical treatment profession, or who work with patients clients, and students in organizations and institutions. Courses offered are: *101. Introductory Social Dynamics; 202. Advanced Seminar* for those completing 101; and Advanced Training for candidates for advanced membership in the ITAA. For further information call or write W. Ray Poindexter, M.D., P.O. Box 697, Sonoma, Cal., phone (707) 546-9678.

* * *

GEORGE

(*Our Sponsored Orphan in Crete*)

George writes "I go swimming with my friends and I catch some fish that I give to my cat. Now I am going to tell you some Cretan popular songs: 1) The river drags the tree branches and the sea the ships and the girl with her features attracts young men. 2) The eyes ask the heart: Why are you sad?—are you blind and you can't see that I am without love?"

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and clergymen. The teaching is primarily oriented toward group therapy, social dynamics, and personality theory based on transactional analysis. The Association is now in its tenth year, and is self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Societies are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible. Qualified people can become Associate Members of the ITAA by filling out the blank below. They may become Regular Members after taking a complete Introductory Course or its equivalent, and may apply for Clinical or Research Membership after their training meets the standards of the Membership Committee.

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TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 6 APRIL 1967 NUMBER 22

SCIENTIFIC PROCEEDINGS

CHICAGO - - - - - - - - - - - 35
MENLO PARK - - - - - - - - - - - 36
MONTEREY - - - - - - - - - - - 36

A SCRIPT CHECKLIST - - - - - - - - - 38
C. Steiner

FEATURE ARTICLE - THE FACE GAME - - - - - 40
D. E. Harding

DIRECTORY OF AFFILIATES - - - - - - - - - 54

NEWS FROM BRANCHES - - - - - - - - - 56

PUBLICATIONS AVAILABLE - - - - - - - - - 57

A LIVING SITUATION - - - - - - - - - - 58
C. St. Cyr

ORGANIZATIONAL NEWS - - - - - - - - - 58

EDUCATIONAL ACTIVITIES - - - - - - - - - 59

TRANSACTIONAL ANALYSIS BULLETIN

published quarterly by the

International Transactional Analysis Association

and its affiliates

A Non-profit Educational Corporation

VOLUME 6 APRIL 1967 NUMBER 22

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. A membership registration blank will be found on the back cover of each issue. For institutions & libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and inquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California 93921.

Contributors

Articles, clinical notes, news items, and letters should be addressed to the Editor at the above address. They should not exceed two double-spaced typewritten pages in length, and should conform to the requirements on page 131 of the April, 1966 Bulletin.

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SCIENTIFIC PROCEEDINGS

WINTER QUARTER — ADVANCED SEMINARS — 202 — JANUARY - MARCH 1967

The abstracts below are written for professional readers who are assumed to be familiar with the principles and language of transactional analysis.

CHICAGO TRANSACTIONAL ANALYSIS STUDY GROUP

(Editor's note: The proceedings given below are abstracted from a news letter put out by this newly activated Study Group. Besides being of historical interest they are intended to illustrate the organizational and scientific vicissitudes of such a group in an area where there are no Clinical or Teaching Members upon whom to rely for guidance and leadership.)

January 24. John Cooper: "An Activation Meeting."

This was the first meeting of the Chicago Study Group following the week-end Introductory Course and Workshop conducted by Drs. Goulding and Kupfer. Many felt that the Workshop influenced their personal and professional affairs. The members tried to define their contracts with each other and decided that among other things they were meeting to learn the theory and application of transactional analysis. There was great need for an effective leader who would help the group avoid irrelevancies and pastimes, and who would also keep the meetings from running overtime. It was decided that the leadership should revolve among the members each week, and that there should also be an "observer" and a "process recorder." The possibility of getting a grant to send members to California for further training was discussed. It was decided to split the next meeting into two sections: one hour to talk about how TA has affected professional practice, and why it seems to be effective, and one hour for presentation of a family in treatment.

February 7 and 21. Robert Phillips: "A Family in Treatment."

The first hour was spent discussing the effects of the Introductory Course. Some members have made their therapeutic and transactions contracts more firm, one has used "stroking" to strengthen his leadership of a group of research scientists, and one has used the idea of "trading stamps" in therapy with children and is finding it effective. Phillips then presented his transactions with a family and the group attempted to translate what happened into TA terminology. This presentation was continued at the next meeting, and J. Cooper was chosen as leader and N. Haimowitz as process recorder.

March 7. Various Members: "Analysis of Scripts."

After some business discussion and the selection of M. Haimowitz to lead the next few meetings, it was decided to inquire further into the possibility of getting a grant for further training in TA. This project was now treated more

urgently, and some telephone calls were made to see how it was progressing.

Cooper presented two brief examples of women with Red Riding Hood scripts who seek liaisons with wolf-type men. N. Haimowitz presented a similar case in which she felt Red Riding Hood was a less destructive substitute to ward off a more basic suicidal Cinderella script. Mannel suggested that in discussing scripts in relation to fairy tales it is important to find out which segment of the fairy tale the patient considers most important. Cook felt that validation of scripts through past history was open to error, and a better way is to try to predict future behavior on the basis of the script; the difficulty there is that the therapist is trying to change that behavior.

It was decided to continue the discussion of scripts at future meetings. Other items projected are "A First Attempt at Group Therapy," and "Group Techniques—Game Analysis and Timing of Interventions."

MENLO PARK TRANSACTIONAL ANALYSIS SEMINAR

March 22. Barbara Austin: "How to Get Them Out of Here." (Tape)

Austin, a psychiatric nurse, presented a group of chronic schizophrenics in a state hospital. She focused on two patients: (1) Aloysius, who informed her that he would refuse to say anything in the presence of a tape recorder. (2) If she refused to let Simon talk about his delusions, would he "cop out" and talk about "irrelevancies" only.

"How do I get out of here?" and "It's delicious to go home" occurred frequently on the tape, but often the underlying desire to stay in the hospital could be heard. The group members showed a persistent tendency to "take it out of the room," attempting to talk about home, San Francisco, traffic, cars, etc. The therapist cut off most of these attempts. The Seminar remarked on Austin's double contract — one as a therapist and the other as an apparatus who was supposed to "get them out of here" (hospital) as soon as possible. This double contract made her situation very difficult.

In the case of Aloysius, she was advised to leave him alone for a while when he refused to say anything. As for Simon, her refusal to get involved in delusional material and sticking to Adult transactions was considered the approach of choice. Adult transactions are irrelevancies and are good practice for the Adult "muscle".

MONTEREY PENINSULA TRANSACTIONAL ANALYSIS SEMINAR

January 13. Ivar Sivertsen: "Notes on Alcoholism."

Sivertsen reviewed current theories on alcoholism, and related the central conflict about drinking to TA in this way:

1. The Parent says: "You must," and demands perfection.
2. The Child says: "But I can't," and drinks to drown the demands.

Some Seminar members felt that an alcoholic might have heard two messages from an actual parent: an overt message saying "You will be a brilliant success at whatever you do," and a covert message saying "You will never make it—it's fun to drink yourself to death."

January 20. David Edwards: "Introducing TA into an Existing Group." (Tape)

Edwards was assigned an already existing therapy group at Atascadero State Hospital. The group had been led previously by non-TA therapists. Edwards introduced Parent-Adult-Child ego states by replaying tape excerpts to the patients, so that they could hear their own vocabularies and tone changes.

A psychiatric technician is present in the group as an alternate therapist in training. The Seminar discussed his role in the group and agreed with Edwards that the technician's role needs to be defined more clearly and that Edwards' role as therapist should not be diluted.

February 17. Robert Goulding: "Countertransference."

Goulding played a tape of a panel with himself, a psychoanalyst, and an existential therapist discussing counter-transference in psychotherapy. Goulding emphasized Type II (A—A ——〉 P—C) crossed transactions, illustrated by examples from clinical practice and everyday life.

About a third of the audience of 150 said they were unfamiliar with TA. Goulding therefore explained the P-A-C model of personality, and described some clinical consulting-room games such as NIGYSOB, ITHY, Why Don't You, Archeology, and Let's You and Him Fight.

February 24. Kathy Davenport: " 'Suspicion' and 'Rebellion' " (Tape)

Medea, who had joined her TA group "for help in controlling her rebellious children," complained that her husband had left her, and her children would not obey her. Other members of the group joined Medea's Parental pastime "Ain't It Awful about Kids?"

Davenport illustrated Medea's complaints with TA diagrams drawn on the blackboard, showing how suspicion incites rebellion.

March 3. Frederick S. Perls: "Contexts."

A major link between TA and gestalt therapy is emphasis on awareness of what is going on in the here and now. Perls defined awareness as staying in context, allowing unfinished business to be completed. An aware person is involved in a concernful situation.

To the extent that we are unaware, we are avoiding contexts, taking flight into the past or future or into illness, deadening the excitements of living in the here and now, and alienating portions of ourselves from life and growth. Perls suggested that dreams portray these "alienated portions of ourselves," and demonstrated with volunteers from the Seminar gestalt techniques for encountering oneself in dream work.

A SCRIPT CHECKLIST

Claude M. Steiner, Ph.D.

In the practice of script analysis, it becomes important to collect a certain list of items, colloquially called a script *checklist* (based on an idea by S. Karpman and M. Groder).

Because of the various referents given to the word script, it is suggested that script properly refers to this checklist and that ideally, when talking about a patient's script, the observer is referring to the whole checklist rather than to one or a few of the items. Thus, on this basis, "White's injunction is 'Don't think!' " will be a more accurate statement than "White's script is don't think."

The check list is presented in the order in which the items seem to be most easily obtained. Colloquialisms are included in parentheses.

Life course: This is what the patient is supposed to do, or the outline of the patient's life. It should be possible to state it in a succinct sentence such as "Drinking myself to death," "Almost always succeeding," "Killing myself," "Going crazy," or "Never having fun." The life course is best stated in the first person singular and in language understandable to an eight year old to emphasize that it represents the patient's early formulation of what his life course would be. The life course is usually easy to surmise and is almost always embodied in the patient's presenting problem.

Counterscript: During the periods when the person seems to be escaping the script's life course, he engages in activities which seem to be departures from the script. These activities form the counterscript. This represents acquiescence to a cultural and/or Parental demand such as the Alcoholic "being on the wagon," "drinking socially," etc. (TAB 5:18-133).

Four sub-items of the life course are the decision, the position, a mythical hero, and a somatic component. The *decision* is the exact time when the life course and *position* (OK, not OK) were embraced. The *mythical hero* is the character out of real life, history, or fiction that the person's life course is intended to emulate. The life course is the reaction to a negative injunction and this reaction usually has a *physiological component.* "Think sphincter" (TAB 5:20-172) is the basis for discovery in this area, but any muscle or set of muscles may be involved (tear glands, neck muscles, heart, etc.).

Parental injunction: This is composed of two aspects: the enjoiner, *the witch mother or ogre* or more generally father's or mother's *crazy Child*; and the *injunction* (TAB 5:18-133).

The injunction is currently thought to be always an inhibiting statement; "Don't think!," "Don't move!," "Don't be assertive!," or "Don't look!.' If the injunction is not preceded by a "Don't," or if it is too complicated, it has not been distilled to its most basic meaning. Therefore, the injunction "Consume excessive quantities of alcohol!" is probably not the last word while "Don't think!" may be.

The program: This is the manner in which the parent of the same sex taught the youngster how to comply with the injunction coming (usually) from the parent of the opposite sex. Thus, if the injunction is "Don't think!" the program may be "Drink," "Fog out," or "Have a tantrum."

The game: This is the transactional event that produces the payoff which advances the script. It appears that for every script there is one basic game of which all the person's other games are variants. Thus for a "kill myself" life course the game might be Alcoholic with variants such as Debtor, Kick Me, and Cops and Robbers, all of which produce the same payoff, namely stamps that can be traded for a free drunk.

The pastime: This is the social device whereby patients with similar scripts will structure time. With alcoholics the pastime is Alcoholic with the various sub-forms outlined by Karpman (TAB 4:16-74) such as D.T.'s (have you ever had), cirrhosis (is it the eating), disease vs. habit, etc.

It is while playing the pastime that the *gallows transaction* is likely to take place. In the case of the alcoholic, White tells the audience about last week's bender while the audience (including perhaps the therapist) beams with delight. The smile of the Children in the audience parallels and reinforces the smile of the witch mother or ogre who is pleased when White obeys the injunction, and in effect tightens the noose around White's neck.

The payoff: (Stamps, racket, sweatshirt) The *stamps* represent the kind of effect accompanying the end of the game; anger, depression, sadness, etc. The act of pursuing and collecting the stamps is the *racket*. Every person has his own individualized racket and type of stamps. The *sweatshirt* refers to the fact that people prominently display their racket on their chests, so to speak, as an advertisment to willing players.

The tragic ending: (Trade-in) This is of importance to therapists treating hamartic (self-destructive) scripts. The tragic ending is usually specific as to time, place and method. It is like an M.O. (modus operandi) which characterizes each individual. Suicidal persons will stick to a certain form of suicide, thus affording the therapist a *script antithesis* which is intended to disarm the self-destructive injunction. If the tragic ending is death through drinking, the script antithesis to it is "Stop drinking!," plus Antabuse, and in extreme cases removal of available alcohol by whatever means necessary. The script antithesis does not dispose of the script but it buys time during which treatment can lead to the abandonment of it. The script antithesis has been clinically tested by the writer with very clear cut results. The most impressive result of a script antithesis is found when the patient hears, as he is about to leap off the bridge, the voice of the therapist saying "Don't jump!."

The therapist's role: This is the role which the patient expects the therapist to play when he applies for treatment. With alcoholics the role not commonly expected of therapists is the one of patsy. The patsy analyzes dreams instead of noticing (and perhaps removing) the flask in the patient's hip pocket.

Certain questions have been found to yield considerable information about the script. The following are good examples: What is your favorite fairy tale?

(*continued on bottom of page 56*)

THE FACE GAME
TRANSACTIONAL ANALYSIS APPLIED TO ZEN

D. E. Harding

1. THE PURPOSE OF THIS ESSAY

This essay is an attempt to apply the principles of Transactional Analysis (as set out in Eric Berne's *Games People Play*)[1] to Zen experience, in order to gain a clearer understanding of what Zen calls Enlightenment, and the delusion or ignorance which Enlightenment removes. Our study applies also to Vedanta, Sufism, Taoism, etc., which have other names, such as Liberation, Self-realisation, Awakening, for what is essentially the same experience as Zen Enlightenment or Satori.[2] We shall describe Enlightenment as ceasing to play what we call the Face Game.

2. THE FACE GAME DEFINED

It is the supergame which is the matrix and prototype of all games, the surreptitious lifegame which everybody plays (except young children, some retardates and schizophrenics, and Enlightened persons), in which the player pretends he has a face where he has no face. It is repetitious series of complementary transactions, in which the participants seek to build up and maintain their fictitious faces, for ulterior motives. Though (like all games studied in Transactional Analysis) it is basically dishonest and absurd, it is a necessary game, and even a good game—provided one can stop playing it between, say, twenty and thirty.

3. BEFORE THE GAME

(i) *Facelessness. Examples:* A newborn baby, a low-grade imbecile, an animal.[1]

(ii) *Facelessness, but self and not-self becoming distinguished.*
Example (a) Carlos (1 year and seven months) at a party, is asked to locate various uncles and aunties. He points to each correctly. Then Uncle Roger asks him where Carlos is. He waves his hand aimlessly—a gesture which seems to say he is at large. Carlos cannot locate Carlos.
Example (b) Mary (5 years) is in the dentist's chair. Asked where it hurts, she replies: "At Auntie's."
Example (c) That even a child of 5 or 6 doesn't readily attribute to himself a face like others, is suggested by the following typical conversation: "Have you a brother, George?" "Yes." "Then he has a brother?" "Oh no."[2]

(iii) *The face found out there. Example: Joan* (2 years) is told to go wash. She proceeds to the bathroom and starts washing her face—the face in the mirror.

(iv) *Facelessness found here. Example* (a) Johnny (2 years 3 months) asks mother to make a picture. She draws a circle for a face, and asks: "What next?" Johnny's trunk, trousers, feet, hands (but not arms) are achieved. Next, he wants eyes, so mother draws two. But he insists on more and more till the whole face is covered with eyes. He then declares the picture finished.
Example (b) Stephen (3 years 6 months), standing in the bath and looking down at his body, cries out: "Mum, I haven't got a head!"

(v) *Facelessness declined. Example:* "Mum, I wish he | she wouldn't stare

at me so, and how I wish my nose | eyes | ears were as small | big | pretty as his | hers."

Of these five selections, the fourth is specially interesting. Though probably no more than a passing flash of insight or a series of such flashes, this spontaneous discovery—that one's true Face right here is 'all eyes', or (better still) is missing altogether—is nevertheless a preview of Enlightenment, a little Satori. For Enlightenment is "becoming like a little child", and "seeing no more than an infant sees", and "seeing one's Original (featureless) Face", and "being headless", and "being all Eye and spiritual substance".[3]

Probably this brief and precocious Enlightenment is rarely conscious as in Stephen's case: before Facelessness can clearly manifest, the business of hastily covering it up—the Face Game, in fact—begins. The reason the Game starts so early in life, and is so little resisted, is that it is badly needed: it is an urgent face-making and face-saving manoeuvre. Rather as his sister has to cope with penis-envy, so Stephen has to cope with head-envy. How awful to be the only child in the class whose head is missing! How disturbing to look at the spot one occupies and find it quite empty, and oneself Nothing at all—in vivid contrast to all those splendidly solid and opaque people out there! Fortunately, his remedy is close at hand, and doses of solidifying medicine are taken before the disease is acutely felt—much less diagnosed. The perennial Face Game is in full swing all around, and he has good reason to join in: its existential advantage is that it hides his Facelessness, this yawning Void which threatens his very existence. Shamefaced, our young Adam starts clapping on his figleaf mask almost before he has time to glimpse the dreadful Nakedness it covers.

4. LEARNING TO PLAY

The young child is faceless, and his learning to pretend otherwise is a long and complicated task, starting almost at birth and hardly complete till his teens. There are three ways of learning the Game, all necessary, and all thoroughly dishonest:

(i) Building a face here
(ii) Importing a face from elsewhere
(iii) Going out to find a face

(i) *Building a face here*

This way is non-visual, and builds on the foundation of touch, muscular activity and tension, sensations of heat, cold, pain, and so on. From birth, baby's face is kissed, patted, stroked, fed, washed, and generally worked on and fussed over, as if to make up for its inherent evanescence and to body it forth. In due course, there are added pastimes which quite overtly help him build up his face.

Brow bender,
Eye peeper,
Nose dreeper,
Mouth eater,
Chin chopper,
Knock at the door,
Ring at the bell,
Lift the hatch . . .

As mother repeats each line, she puts her finger (or baby's) on his forehead, eye, nose, mouth, etc., in turn. There are many similar nursery rhymes, and many nursery pastimes involving facial manipulation. For instance, this slightly gruesome one, played when the child is somewhat older: mother pretends to unscrew and wrench off his nose, which she then shows him (it's really the ball of her thumb, held between her first and second fingers); and he pretends to cry out in terror and anxiously explore his mutilated features.

Face-building goes on in the playground, where children 'pull horrible faces' or 'make faces' at one another. And in school itself: for example —

"The teacher asked questions and suggested the use of a playful game to direct the children's attention to their appearance. This technique increased their general awareness of their facial features . . . ."

The children tell each other how they look, the colour of their eyes, etc.

Teacher: "Let's pretend our fingers are motor-cars. Then we can take a trip around our cheeks . . . ."

They then draw their faces as they imagine them to be.[1]

These children were about seven years old. As one grows up, the need to body forth one's face, and the effort that is consequently put into it, increase rather than diminish. The site gets still more working over: witness the ritual of frequent washing, teeth-cleaning, hair-brushing, putting on and making up and repairing one's face (if female) and shaving (if male), fussing with spectacles, smoking. (I just *must* have a face here for this great big pipe to be stuck in, for all this smoke to be billowing out of! What *could* this flow of (otherwise pointless) chatter be coming from, if not a face?) It's as if one wore H. G. Wells' Invisible Man, who gets by only through assiduous face-building, with dark glasses, hat pulled down, muffler pulled up.

How successful is this method? What sort of features does it produce, not in the make-believe of the Game, but in reality?

First, the result isn't opaque. However hard Joan and her mother and her teachers work on her face, it remains *for her* transparent, without the slightest mistiness. Joan washing in the mirror was absolutely right: *that* face was filthy! But *this* Face is perfectly clean for ever, clean of features, of skin, even of itself.

Second, it is colourless. If someone daubs paint on Joan's forehead, she's the only one in the room who can't say what is the colour of the mark. What mark, indeed? What forehead? There are party games based on this.

Third, it is without shape and texture. At least it is so *now,* until time and motion and memory are introduced. For as soon as the fingertips stop exploring, both they and the explored features melt and merge. When one simply lays one's hand on one's face, practically no information about either comes through. Like Johnny's, the eyes can't be counted (what eyes?) nor the fingers (what fingers?), and this alleged face might be an inch or a mole across, on the present evidence.

Fourth, it is essentially self-effacing, a perfectly empty reception-centre for *other* faces, mere capacity and nothing in itself. No matter what aches, itches, tastes, smells, tics, etc., are going on around here, they all leave the view-out-from-here as bright and clear as can be. (How, indeed, could I receive your

face, and keep my own? Two eyes are plenty.)

In short (if we define a face as an opaque and coloured oval surface, simultaneously containing two eyes, one nose, mouth, and so on) this method we have been describing—the method of laboriously building a face here on non-visual foundations—is a total failure. Even the foundations vanish. It is the ploy of the Face Game to pretend otherwise.

(ii) *Importing a face from elsewhere*

What you need but can't make at home, you import. This is where the mirror comes in.

At 1½ to 2 years it is normal just to stare into the mirror, or to play with or 'talk' to the baby behind the glass, or to turn the mirror over in search of him[2] As the growing child learns to handle the mirror better, make faces in the mirror, wash in front of the mirror, and so on, he comes to regard that other child's face over there, behind the glass, as 'really' his own face right here, in front of the glass. This fiction is assisted by the Mirror Game, in which the child deliberately 'annihilates' and 'recreates' himself by bobbing up and down in front of the glass.[3] The payoff is his magical power of rescuing his face from destruction. But the face he makes there still has to be brought across to him here. It's as if he reaches out for it and draws it toward him, freeing it from the glass and turning it round and stretching it out as it comes, and finally clapping it onto his Facelessness. Now he is equipped to face the world.

A desperate manoeuvre indeed! Only dire necessity could account for such tricks—played on oneself. In fact, the Face Game (mirror subsection) feigns *seven* absurdities: that that two-eyed, opaque, coloured area over there is (1) myself, (2) looking at itself, (3) accessible to touch, (4) several times bigger than it is, (5) there all the time, even when unobserved, (6) rotated 180°, (7) 6 feet in front of itself.

(To test how efficiently you are playing the Face Game, look in your bathroom mirror. If you see somebody in that second bathroom behind the glass, staring fixedly into your empty bathroom, then you are playing badly or not at all. If you simply see yourself, you are playing well.)

(iii) *Going out to find a face.*

If my face is really some way off, and I can neither (to be honest) build it up here at home by feeling it, nor bring it home from elsewhere with the help of my mirror, it seem I must go out in search of it. If *I'm* in no position to register my face, I must somehow get into the position of those who are.

To begin with, of course, this is impossible. The infant is at first centered wholly upon himself. He observes phenomena from his own unique, primitive, subjective point of view.[4] But his gradual and many-sided development into a mature human being means the growth of his ability to shift centre onto other observers and to contemplate himself as their object, from their point of view. This is the crucial move in the Face Game. Growing up is learning to play this Game more efficiently, and this is learning to jump further and further out of your skin (imaginary, here) in order to view your skin (real, there). This is helped on by such imaginary games as Hide-and-seek and Can't-see-me. In the former, the necessary payoff isn't your 'success' in being hidden but your 'failure'

to remain so: the point of the game is *being seen.*[5] In the latter, your satisfaction lies in your relief when father, having looked for you everywhere, including straight through you, suddenly ceases pretending you are invisible, and restores your status as a solid object after all.

The main trouble with jerking yourself off-centre is that it grows increasingly difficult to get back. Robert Burns need hardly have craved the gift to see ourselves as others see us: it's our trouble, the first rule of our Game. Our Jerk's* Prayer should be for the gift we lost by growing up—the gift of seeing ourselves as we see ourselves, from our own original centre.

Consider the following Jerk's Progress, in six short scenes.

(1) Baby Carlos at the party cannot pin himself down. Not yet shut up in a body, or imprisoned behind a pair of eyes, he is at large, unbounded. Faceless, he has no worries about how he looks to others, so he acts unselfconsciously, naturally, spontaneously, and is no respecter of persons.

(2) But this innocent, jerk-free phase is already passing, as Carlos is made increasingly aware that his parent is behaving and looking meaningly in his direction—looking angrily or approvingly, lovingly or distastefully, *at* something and not at nothing. So Carlos begins to regard himself, though vaguely at first, as a solid and opaque object of some sort, through his parent's eyes: and thereafter all his self-awareness is apt to be, in effect, the Parent-in-him viewing the Child-in-him with anxious concern.[6]

(3) Acting for the parent, continuing the parent's function as face-maker, are friends and relations and indeed everybody Carlos confronts. As a boy, he attends another party. This time, suddenly outfaced by a circle of faces, he starts blushing and stammering. Those critical, thought-hiding masks—what do they make of him? They make him out to be a crestfallen little boy, and he adopts their view. No longer immense and free and nothing whatever like the folk around him, he now sees himself through their eyes as one of them—and a small and inadequate one, at that. Such a come-down, such shrinkage, such vulnerability—no wonder Carlos is upset! The real wonder is that he takes this cruel cutting-down-to-size as stoically as he does. But at least he does condense into a recognizable something, and not a faceless Nothing. That is the great consolation.

(4) A few years later, a very different Carlos strides into the same room, one who has learned to play the Face Game rather better. This time, he makes his appearance confidently (*who* makes this appearance, *what* it's an appearance of, he doesn't wish to know). Everything he says and does is to impress, not express. For he is right out there being impressed, and enjoying the spectacle of handsome and charming young Carlos much more than the others are. In, fact, they feel somewhat embarrassed; they sense the falsity of the Game; it's horrid to see recognition-hungry young Carlos jerked so far off-centre (not yet

*This very apt technical term is borrowed from Berne. A jerk is one whose built-in Child is over-anxious not to lose face in his built-in Parent's eyes. He lives off-centre, viewing himself from out there. Erratic, absent-minded, displaced in time and space, he overlooks the faceless here-now of present experience. Literally as well as metaphorically, he takes leave of his senses, and gets more and more out of touch with real world of actual sounds and colours.

hopelessly beside himself, self-alienated, but getting that way) in order that he may be turned in upon himself instead of out upon them.

(5) Now Carlos, quite grown up (though still just as Parent-dominated), is playing the Game harder than ever, but more subtly and effectively, and on a much larger field. The number of fellow-players to be confronted and impressed has grown vastly. His television face is familiar in a million homes. Now, at last, he is surely winning. Imposing his carefully cultivated image upon so many viewers and so frequently, surely he is no longer faceless, a nobody! And surely this huge expansion is a big step towards the reconquest of that world-wide empire he once ruled as an infant! (In fact, he never really agreed to being cut down to human size, at all!) Even so, he is losing. His appetite for recognition grows faster than the supply. Besides, for all his technique, the discriminating viewer finds him more hollow than ever. And hollow he is, for he has so lost touch with the faceless Child in himself, with that central Reality of which all those screen-appearances are mere appearances, that he can't get back. He has gone on jerking himself out from himself till he is the shell of himself. People sense his unreality.[7]

(6) He can now play harder still, and go more obviously sick or mad; or ease off the Game and somehow get by till he dies. Let us optimistically suppose he eases off, reconciling himself to losing not too much face in the process, to saving as much face as he can. Now he settles down to a comparatively Adult life, no longer quite so Parent-ridden, no longer quite so alienated from the faceless Child in him. This Adult existence is concerned with the 'processing of reality', which means the practical assessment and handling of his changing situation, *objectively*. And objectively means looking at oneself and others from all relevant angles; it is centrifugal and many-centred; its point of view is extremely mobile. The resultant worldwide observational grid is the basis of civilization itself, with its inestimable benefits—and losses. Here, indeed, is where this great lifegame comes into its own: to be fully human is (for at least a few years of one's life) to play it. Society *is* mutual face-making and face-taking.

Yet it is only a game, a pretence. Though some transactions help to keep things going, almost all are for face-building, and most are only for that. Our talk is for proving there's a talker: what we say is immaterial. The Face Game is kept in full swing by the hidden advantages it yields. It papers over our dreaded Emptiness; it enables us to avoid the true intimacy and love of which that Emptiness is the ground; it ensures we shall be impressed with the way we impress others—the more people can be got to recognise this face and project it onto these shoulders, the more ungracious of me not to receive it here! If so many choose to make so much of me, who am I to object? If all those folk see my Emperor's Clothes, that's good enought for me! I *must* be wearing them!

But these advantages are illusory: if our Emptiness isn't acknowledged positively, it will make itself negatively, and in the end disastrously. Really to grow up, to be free and at ease and natural, to be quite sane, even to be wholly practical, we must stop playing—while retaining as procedure the best of the

Game's hard-won techniques. To the extent that we go on playing at all, our objectivity is blurred, our world somewhat distorted, our Game unconscious.[8] Only the spectator sees the Game. Understanding it is withdrawing from it. That is the justifcation for this essay.

5. FAILURE TO PLAY

Many never learned to play the Face Game with any skill or conviction, and some never get around to playing it at all. Having failed or declined to take themselves at the world's estimate, they are labelled schizoid or schizophrenic. Understandably enough, the discrepancy between the Facelessness they find at the centre, and the facade which everybody out there seems determined to construct upon it, proves too much for them. People who, through parental neglect or deprivation, have never been taught the Game, or are simply too honest to begin playing it, are mad in the eyes of regular players. And of course these non-players, feeling despised, bewildered, despairing of ever being understood, hopelessly cut off, are driven to many ingenious and fantastic devices in order to maintain some sort of integrity, some defense against the imposition of that social Thing upon this non-social No-thing, some way of keeping that face-in-the-mirror separate from its faceless spectator here. But who is mad—the honest non-player or the dishonest player, the simpleton who declines the Great Con or the bright lad who falls for it?

Jung said that the schizophrenic ceases to be a schizophrenic when he is understood; and one method of treatment has been to adopt (with imperfect sincerity) the symbolic language of the patient. But if the therapist has himself opted out of the Face Game, he can do much to heal the patient by endorsing, with perfect sincerity and respect (and even enthusiasm) the patient's views. Herbert sees himself as transparent, a vacuum, made of glass or air: people look right through him. He is empty, unreal, unborn, non-existent, dead, weightless, discontinuous in time, headless, faceless, disembodied, lacking personal identity, at odds with what he sees in the mirror, inviolate, untouched by the hateful false self people try to impose upon him. Now all this is basically true, indeed obvious, to anyone who isn't playing the Face Game. Even when the patient claims to be someone else, the Game-free therapist can cheerfully agree: for our true Self, being faceless and transpersonal and unconditioned, is the one Self (or No-self) of all. Clearly to see this essential identity, says Zen, is to be enlightened.

This is not to deny that Herbert is sick. And no wonder: the child who finds himself left out of the Game everyone's playing is in a terribly vulnerable position compared with the grown man who deliberately retires from it. Our central Void is ambivalent: it wears a powerfully malevolent as well as a beneficent aspect. When ignored and suppressed (as by the 'sane' player) it undermines happiness and sanity; when recognised, but without understanding and full acceptance (as by the schizophrenic non-player) it doesn't produce happiness and true sanity, but much misery and fear. Herbert's Emptiness and Facelessness may accordingly be experienced (Zen fashion) as the most precious possession to be guarded from all invasion, yet also (contrary to Zen) as a terribble threat only to be averted by constant assurances from other people that he

is something and not nothing. Paradoxically, they prove his existence (disappearing when alone, he needs to be seen in order to be), yet they deprive him of it (of the Invisibility which is his secret refuge). He may blame his unloving parents for this: they overlooked and ignored him, failed to define him or to indicate what he was to be. They failed to give him his face. They didn't play the Game with him, so he never learnt it. And non-players are punished. Herbert is subjected to the "ceremonial" of psychiatric treatment, hospitalization, and so on.

Nevertheless the schizophrenic does have a negative role in the Game, as a (more or less) non-playing participant. His abnormal sanity, and insanity, can only be understood as occurring in the social milieu as a whole. It isn't that he's sick and others aren't, but that the sickness is transactional, a part of the to-and-fro of the Game for which all share responsibility. His cure, accordingly, is transactional too: he has to understand the Game, the therapist to stop playing it. *He* isn't cured—*they* are.[1]

6. HALTING PLAY

Traditionally, Awakening or Enlightenment seldom descends out of the blue upon anyone. Nor is it likely to be got by reading books, or by much thinking about it, or even by solitary do-it-yourself meditation. After due preparation, it is *transmitted* from master to disciple. It is easy to see why. Essentially transactional, a social infection, the Game is very catching; and so is ceasing from the Game catching. In the company of hardfaced players we play our hardest. In the company of the faceless—idiots, animals, young children—we abate our play and don't bother to put on special faces. In the company of a Sage, we may find ourselves temporarily defaced altogether—so infectious is is his *darshan.* (In fact, it is incorrect to talk of his Enlightenment as *his*: it is *everybody's*)

If I'm opting out of the Face Game, some people around me are already tending to follow, though their initial response may well be to step up their play in self-defence. Precisely how does my ceasing play necessarily involve them, and maybe help them to do the same? There are three transactional stages.

(i) *PARENT-Child*

Suppose I'm sitting opposite you and playing the Game. Then to me the set-up appears symmetrical: I count two—two pairs of eyes, two mouths, two noses, two faces. I regard us as equals, face to face. This means my attention is split: one part of me *sees* your face there, while the other *thinks* my face here. The result is I glimpse rather than see your face. And certainly I don't *take on* what I see of it. I've a perfectly good one here of my own, thank you! So *I throw your face back at you* (that's exactly how it feels and looks from here) making it almost impossible for you to refuse delivery. This is what your Parent, and we, your Parent's surrogates, do for you: our wearing faces practically ensures you shall wear one, and in turn ensures that people around you wear theirs. Thus we switch roles, face-making and face-taking by turns, and the Game recruits its teams of new players.

(ii) *CHILD-Parent*

Now suppose, while still sitting facing you, I upset this familiar and fairly stable relationship by withdrawing from the Game. Then the set-up becomes for me asymmetrical: this time I count *one*—one pair of eyes, one mouth, one nose, one face. We are now totally unequal and incommensurable, face to no-face, your presence to my absence. This means my attention is undivided: child-like, I'm going by what I *see* here and now, and don't *think* things into it.[1] The result is I really do see you, vividly and without subjective distortion. And even more clearly, I really do see Myself, as this perfectly empty Receptacle waiting for you, as this perfectly clean Mirror held up to you, as this perfectly blank Screen on which you are now starring. For the moment, I am wholly occupied with you as you are, wholly replaced by you: that's exactly how it feels and looks, and really *is,* from here. I can find only your face, nothing added this side of your skin (not even distance) and nobody here looking at it. So you are truly welcome here. I'm absolutely delighted to *take your face off you!*[2]

(iii) *Adult-Adult*

Now suppose you say Yes to this warm invitation, and cheerfully give what anyway I take. (It shouldn't be too hard now—after all, I've done a good half of your job for you!) Then you, in turn, are defaced and absent; you are wearing my face, as I am yours. Changing places and trading faces, at last we know where we are with one another: our relationship is easy and stable. There is no *confrontation* (note the hostility and defiance that word implies): we are no longer opposite each other, no longer opposed (note as before). Quite the contrary, we are complimentary, in fact united. This is the only fully Adult-Adult relationship, when the Child is liberated in us both and makes true intimacy possible. Here is the only love which has no strings attached—because there's nothing more to tie up to.

But this happy issue is rare. The last things most of us want are relief from our faces, Game-free intimacy, and the love that is candid and rid of its illusions. The normal response when our play is threatened is a negative one, which we must now consider.

7. UNDERCUTTING THE GAME'S PAYOFF

The fact that the Face Game is a game in the technical sense (as defined in transactional analysis) is confirmed by what happens when Mr. Black refuses to play with Mr. White and/or threatens the concealed advantages which Mr. White is getting from the Game. In that event, White is likely to attempt various manoeuvres. If these fail, he suffers an acute kind of 'despair', in which distress and resentment are mingled. For instance:

(i) *Successful resistance*

Black declines to go on playing faces with White, and (perhaps unwisely) tries to explain the Game and why he's getting out of it. White neatly sidesteps the danger of Self-examination by dismissing Black as (a) clever-clever, or (b) incomprehensible, or (c) conceited, or (d) paranoid, or (e) wicked (blasphemous), or (f) any serviceable combination of these. Anyhow, the upshot of Black's well-meant efforts is to provoke White to play still harder.

If Black's retirement is too blatant, he may have to pay for his indiscretion with his job, his liberty, or his life.

(ii) *Breakdown threatened*

(a) On the other hand White, the face-saver, may be cut in the street by Grey, or ostracized by Green, Brown, & Co., or put into solitary confinement, or subjected to brainwashing techniques aimed at the confusion and destruction of his image of himself. All mean loss of face, accompanied by 'despair', with a threat of a breakdown. Any falling off in White's reputation or public face is liable to have a similar effect.

(b) Suppose White smokes heavily. Now the payoff in such games as Alcoholic[1] and Chain Smoker isn't the imbibing itself, but the imbibing *head* it gives you at the time, plus the thick head it gives the morning after: thus you avoid a worse fate—headlessness. Your mouth may be like the floor of a parrot-cage, the top of your skull may be coming off, but at least your head *exists*; and, so from being empty, it's bursting! Now supposing Black tries, by *direct* persuasion or treatment, to get White to give up smoking. The expected resistances, the 'despair', the tendency to relapse, naturally follow. When the cigarette goes, the 'cigarette holder' is in danger. If this fails, Black's next move can be to try the *indirect* method, and somehow draw White's attention to his blind fear of his Facelessness. This may lead to panic. But honest Self-seeing is his only radical cure. Once White starts dropping out of the Face Game, he may stop playing Chain Smoker quite naturally without despair or distress.

(iii) *Breakdown*

(a) In our experience, when White is becoming (however dimly) aware of the Game, and of Black's reasons for ceasing to play it with him, his attitude to Black changes dramatically. It is liable to degenerate into a curious mixture of sulks, apprehension, and fascination. He tries to avoid Black, but unsuccessfully. Their friendship seems at an end. (In fact, if all goes well, it is now really beginning.)

(b) Normally, the Zen monk goes for his daily interview with the Roshi quite willingly, but when he gets to the verge of Satori he may have to be carried, struggling, into the Roshi's presence, which he would give anything to avoid. In general, the disciple who is about to see his Original Face (i.e., his Facelessness) meets with unexpected and formidable resistances. His bafflement, as he confronts this barrier, is matched by his joy and relief as he breaks through to Satori. The denser the barrier, the clearer the Original Face when at last it emerges.

8. THE ORIGINAL FACE

'Seeing one's Original Face' is one of Zen's synonyms for Enlightenment. "See what at this very moment your own face looks like—the Face you had before you were born."[1] Our Original Face is absolutely featureless. Understandably, this bald announcement perplexed the young Tung-shan (807-869), the founder of Soto Zen. The occasion of his Enlightenment was when he happened to see his reflection in a stream. In our terms, he located his human face down there below the surface of the water, and his non-human, featureless Face above it. He looked at himself as for the first time, and took seriously what

he saw—at its face value—instead of playing games with it.[2] "When thought is put down, the Original Face appears."[3]

Other schools of Buddhism, as well as Taoism, Hinduism (Advaita), Islam (Sufism), and even Judaism and Christianity, have their versions of Zen's Original Face.[4] I have to *see,* not just acknowledge, this Emptiness that lies here at the Centre of my world—and is filled with that world. It isn't that I must *become* as faceless, as incorporeal, as much at large, as I was in the cradle: I have to see I have always been like that, and always will be, whether I notice it or not. And, after all, only this makes sense: the game-free baby is so obviously in the right.

9. WHO SEES HIS ORIGINAL FACE?

It is practically certain that, throughout history, only a minute proportion of the human race have seen their Original Face—after infancy. Yet, according to one Zen tradition, nine out of ten are capable of doing so. Transactional patterns are changing rapidly—and Enlightenment is (as we have seen) transactional. We think that Enlightenment is on the way to becoming less rare. Our own limited observation comprise 14 cases of 'clear seeing' spread over the last three years, plus one case 25 years ago. Ages have ranged between 17 and 60, 4 have been women, intelligence and education have been above average, and none has been game-free.

Though there are accounts of people seeing their Original Face without any preliminary training, this is abnormal. In any case, training is indispensable —sooner or later, before or after. On the whole, you get what you pay for. It is all-too-possible, if one's seeing has come very easily and unexplosively, to undervalue and neglect it, with the result that it fades away. There are exceptions, but (on the whole) the more earnestly it is prepared for and desired, the more stable, profound, and life-changing it turns out to be, and the more energetically it is pursued to full maturity.

10. WHAT ARE THE RESULTS?

Here we shall summarize what we have observed in the fifteen cases we know intimately, where the Original Face has been clearly and indubitably seen. The seeing itself is a very precise, unmistakable, all-or-nothing experience, renewable at will. Either you do or you don't see your Original Face; and if you do, neither you nor your friends who see theirs will doubt the genuineness of your seeing. We may conveniently sort our findings under the headings Child/ Adult/Parent, which are the individual's 'ego states' as defined in transactional analysis.

(i) *Child*

This clear seeing is the reactivation of one's implicit Enlightenment as a young child. It is one's built-in Child finding himself again, and the result is childlikeness. Awkward, selfconscious behaviour is replaced by carefree naturalness, ease, spontaneity, relaxation, playfulness. Movements become more graceful, the voice less harsh. In time, lines smooth out, the expression becomes open and innocent. A knack of doing and saying the right thing may develop.

The most surprising thing was the sudden sharpening of the senses. R.G., walking out into the garden after 'seeing' for the first time, insists that these roses must be a new variety: he has never seen such red roses before. It is only when we draw his attention to other flowers, and he notices that they are equally luminous, that he will admit his mistake. Similarly, food is more tasty, shapes stand out more sharply, textures have more feel, music is more alive and rousing. One feels one is in a new and more brilliant world, and enjoying everything for the first time. Actually, such results are inevitable directly the absent-minded Jerk in us collapses and we attend only to what is actually present, to the here-now in which our senses operate, clear of conceptual fog. When this thought-up face here is wiped off, it's as though a filthy window were cleaned after many years, revealing a forgotten landscape, often two-dimensional.

The profoundest, most satisfying result is Intimacy. All other kinds of so-called intimacy are by comparison fugitive and incomplete. So long as I'm in, you're out: there's no room here for two of us. So long as this Spot—my here-now—accommodates my face, it cannot accommodate yours: I stand in your way here, refusing Intimacy. But when it sees itself as mere room-for-you, you are more than welcome here; whoever and whatever you are, you belong here, here is your home. This is the natural state of the Child.

(ii) *Adult*

We did not foresee increased efficiency. Ostensibly, turning away from the surrounding world to its Observer here at the centre, would put one out of touch with 'reality' and unfit one for ordinary living. In fact, the reverse happens. Now, one really looks at people, really listens, is really interested. There is an all-round increase in objectivity, tolerance, and equanimity. And, so far from one's work slackening off, it gets done more accurately, quickly, and creatively, as if it were doing itself; with the welcome bonus that more leisure is available for the deepening of one's Self-realisation. One is happy to remain anonymous, because Anonymity is one's real Nature. Craving recognition is craving recognition of one's face, and when that goes recognition-hunger follows. The paradoxical consequence is that one is now truly recognisable and and recognised. No longer caring about—in fact, welcoming—loss of face, one is genuinely respected.

(iii) *Parent*

Seeing what one really is, releases unsuspected springs of compassion, tenderness, love. It is truly unselfish, for the Self it uncovers is no personal or private possession. But detachment is crucial for the one who sees. If his 'seeing' is less mature, he can still be tempted to set up as a spiritual teacher and collect a following. Then he will soon find himself deeply involved in the Guru-Disciple game. This is quite the most satisfying way of avoiding Enlightenment, under cover of working especially hard for it. (Master: "I'll make you free—but not yet, nor from me." Disciple: "My true guru, at last!") This elegant game is a variety of Berne's 'Gee you're wonderful, Professor' and 'Peasant', in which the patient so treasures the doctor's prescription that he can't bear to trust the pharmacist with it; so the medicine is never made up, let alone taken.[1]

11. CONCLUSION

Resting from the Face Game, alias seeing one's Original Face, is the rediscovery of the natural Child-in-oneself and his release from the Parent-in-oneself. This rectifies the functioning of one's Adult, so that all three begin to work harmoniously.

Normally, the perfecting of this harmony takes much time and dedicated effort.[1] There are alleged to have been exceptions, but the people *we* know who have come to 'see' haven't immediately retired from the Face Game altogether. The 'seeing' needs cultivating till it is quite spontaneous and permanent. Nor are the other games, which we happen to be playing at the time, likely to be given up directly the Original Face is seen. But their basis is thereby undermined. For the Face Game is the root of our troubles, the other games only branches and twigs. It is that one Disease, of which our ever-proliferating games are signs and symptoms. Our sensible course (provided we aren't too disturbed to take it yet) is therefore to hack at the root and leave the branches to wither of themselves. This economises time and effort. If I put it off till I am practically game-free, I shall never get near it. Of course, this initial seeing is only the beginning—but what a beginning, the real one!—of the liberating process.

The biography of a complete human, then, reads as follows:

(1) Faceless and at large (Primal Innocence) — CARLOS the baby.
(2) The Original Face glimpsed (Little Satori)—STEPHEN in the bath.
(3)a Playing the Face Game (Delusion) — CARLOS the man, or
(3)b Avoiding the Face Game (Schizophrenia) — HERBERT.
(4) The Original Face seen (Satori, Kensho) - the monk TUNG-SHAN.
(5) The Original Face stabilised (Full Enlightenment) — BUDDHA.

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Mr. Harding is a distinguished British student of Zen and its relationship to Western psychology and psychiatry, as will be evident from his biblography. He is author of Religions of the World (1966), On Having No Head (1961), *and other books and articles in this field. This is the longest article we have ever published in the Bulletin, and we have done so because of its relevance to much of our own current research, particularly regarding intimacy* (TAB 3: 113, January 1964 & 125, April 1964) *and the origins of games in infancy. We are grateful to Mr. Harding for offering these results of his thinking and observation for publication in the Bulletin.*

* * *

A THOUGHT FOR SPRING

" . . . . for he had remarked on the moon and elsewhere, that there is nothing that makes people so angry, as to find that other people can be happy in a different way from that which they propose."

Anon: *De Lunatico Enquirendo* (Dublin, 1843)

— NOTES —

(numbered by Sections)

¶1. (1) Berne, E. **Games People Play, The Psychology of Human Relationships,** Deutsch, London, 1966. Our debt is gratefully acknowledged. (2) Harding, D. E. **Religions of the World,** Heinemann, London, 1966.

¶3. (1) See Piaget, J. **The Construction of Reality in the Child,** Basic Books, New York, on the self undifferentiated from the world. (2) Piaget, J. **Judgment and Reasoning in the Child,** Routledge, London, 1928, pp. 84 ff. (3) Harding, D. E. **On Having No Head, a Contribution to Zen in the West,** Buddhist Society, London, 1961, gives sources and further descriptions.

¶4. (1) Knudsen & Christensen, **Children's Art Education,** Bennett, Peoria, 1957. (2) Griffiths, R. **The Abilities of Babies,** Univ. of London Press, 1954, p. 160. (3) Cf. Freud, S. **Beyond the Pleasure Principle,** Hogarth, London, 1950, p. 12. (4) Piaget, J. **The Language and Thought of the Child,** Harcourt, New York, on infant self-centredness. (5) Berne, E. **Games People Play,** pp. 132-3. (6) According to Piaget, permanence and independence are attributed to external objects long before the self is recognised as an object also, with its own space-filling properties. **(The Construction of Reality in the Child.)** (7) Macmurray, J. **Freedom in the Modern World,** Faber, London, 1935, pp. 155 ff. (8) For a concentric but adult view of the world see Harding, D. E. in **Adventures of the Mind** (2nd series), Knopf, New York, 1961.

¶5. (1) We are indebted in this Section to Laing, R. D. **The Divided Self,** Tavistock, London, 1960.

¶6. (1) Zen master Huang-po: "The ignorant eschew phenomena but not thought; the wise eschew thought but not phenomena." Blofeld, J. **The Zen Teaching of Huang-po,** Rider, London, 1958, p. 48. (2) Jalalu'ddin Rumi: "His form has passed away and he has become a mirror: naught is there but the image of another's face." Nicholson, A. A. **The Mathnawi of Jalalu'ddin Rumi,** iv, p. 390.

¶7. (1) Berne, E. **Games People Play,** p. 75

¶8. (1) Suzuki, D. T. **Studies in Zen,** Rider, London, 1955, p. 18. (2) Suzuki, D. T. **Essays in Zen Buddhism,** iii, Rider London, 1953, p. 232-3. (3) Leggett, T. **A First Zen Reader,** Tuttle, Tokyo, 1960, p. 21. (4) Harding, D. E. **The Hierarchy of Heaven and Earth,** Faber, London, 1952, pp. 17 ff. Cf. Lewis Carroll's **Through the Looking Glass:**

"I think I'll go and meet her," said Alice. "You can't possibly do that," said the Rose: "**I** should advise you to walk the other way."
This sounded nonsense to Alice, so she said nothing, but set off at once towards the Red Queen. To her surprise she lost sight of her in a moment.

And this limerick, attributed to Woodrow Wilson:

> As a beauty I am not a star;
> There are others more handsome by far.
> But my face — I don't mind it
> For I am behind it;
> It's the people in front get the jar.

¶10. (1) Berne, E. **Games People Play,** pp. 151 ff.

¶11. (1) On the necessity for training after Enlightenment, see, e.g., Suzuki, **Essays in Zen Buddhism,** i, Rider, London, 1949, pp. 146-7; and Kapleau, P. **The Three Pillars of Zen,** Weatherhill, Tokyo, 1965.

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NEWS FROM BRANCHES

NEW YORK TRANSACTIONAL ANALYSIS SEMINAR

A 101 Introductory Course is currently being given jointly by James Starrels and Barbara Rosenfeld. David Kupfer will visit the NYTAS in late April or early May.

NEW JERSEY TRANSACTIONAL ANALYSIS SEMINAR

James Starrels, a Teaching Member from Trenton, New Jersey, has organized the newest Affiliate of the ITAA. The Seminar is composed primarily of staff members of the New Jersey Neuro-Psychiatric Institute at Princeton. Assisting Dr. Starrels will be Dr. Robert E. Bennett, who is Medical Director of the NJNPI. The Institute already has an active group therapy program, so the staff will have ample opportunity to observe and conduct TA groups.

INSTITUTE FOR TRANSACTIONAL ANALYSIS (Sacramento)

The Sacramento Seminar is now operating in its new lecture headquarters, the Cottage Center, at 2701 Cottage Way, Suite 7, Sacramento. The "Center Circle" is the newsletter which keeps Seminar members informed of the 101's and other lecture series which the Institute sponsors.

(Script Checklist continued from page 39)

What was your favorite childhood game? What was your childhood nickname? Which parent chose your given name and why? When do you expect to die, how, and what will be written on your tombstone? What will you be doing five years from now if everything goes well? If everything goes badly? What is your main bad feeling? What is wrong with you? Which one of your parents had the same thing wrong?

TRANSACTIONAL PUBS BOOK LIST

Transactional Pubs is intended as a convenience for our members. Prices quoted include postage and taxes where applicable. **All sales are cash prepaid, except for Government and other requisitions.** No books can be sent on consignment.

LIMITED EDITIONS

Games People Play. The Limited Edition of Games People Play is now exhausted. The book will continue to be available in the hard cover trade edition (the same one sold in book stores) for the same price. $5.20

Principles of Group Treatment, by Eric Berne, is now available in a limited edition of 500 copies put out by Transactional Pubs as TAB Supplement No. 3. It is the same as the trade edition published by Oxford University Press, except for a special title page, and the price is the same. Part I: General Principles of Group Treatment. Part II: Transactional Group Treatment. $6.76

We also have a reprint from the 1966 issue of the annual "Current Psychiatric Therapies," entitled **Recent Advances in Transactional Analysis,** by Eric Berne. 35c per copy.

TAPES

Condensed Introductory Course in Transactional Analysis, TAB Tape Supplement No. 2. Four lectures given at the Second Summer Conference, 1964. Four hours, 3 3/4 ips., professional recording. $26.

OTHER BOOKS AVAILABLE

Outline for an Introductory Course in Transactional Analysis and Social Dynamics, TAB Supplement No. 1. 13 pages in mimeograph, interleaved with blank foolscap pages for notes, giving topical headings for a course of eight lectures. This is useful for instructors, for those taking an Introductory Course, or for anyone desiring a summary of transactional theory. $2.08

Transactional Analysis in Psychotherapy. Paperback. The basic text for transactional analysts. $4.11

The Structure & Dynamics of Organizations & Groups. Hard cover. The transactional theory of group dynamics, and its application in the therapy of ailing groups. "Of great interest and importance to those people who teach groups, lead them, record or observe them, or just participate in them." (American Psychiatric Association Bulletin, February 1965). $7.80. Paperback $2.55

Conjoint Family Therapy, by Virginia Satir. Paperback. Contains a concise summary of clinical communication theory as practiced by the Palo Alto group, as well as much information and many acute observations concerning family dynamics. Written clearly, creatively, and informatively, it draws attention to many of the author's new and valuable insights in this field. $5.15

Layman's Guide to Psychiatry & Psychoanalysis, by Eric Berne. Paperback. A simple and readable introduction to the principles of psychoanalysis, with a survey of the field of clinical psychiatry. Originally published as **The Mind in Action.** "It presents succinctly the dynamics of the development of personality in health and in illness . . . To our knowledge this book is the best of its kind." (Psychoanalytic Quarterly, 1948). $2.03

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Summer Conference

The Fifth Annual Summer Conference on Transactional Analysis will be held in San Francisco, California, at the Hilton Hotel, on Saturday and Sunday, August 19-20, 1967. In addition to an Introductory Course (which is not applicable for Regular Membership), panels scheduled include Marathons, Advances in Group Treatment, TA and Nursing, Training TA Therapists, TA and Children, Introducing TA to a New Group, and Alcoholism and Drug Addiction. Among papers to be presented are Therapy with Married Couples, Intimacy, Making Your Mark, and "Works" in the Urban Church.

Anyone who wishes to present a paper, to serve on any of the above panels, or to suggest other topics for discussion, should write to David Kupfer, Ph.D., Box 2158, Carmel, California 93921. Titles of papers should be submitted by June 1, and three typewritten copies should be in the hands of Dr. Kupfer by July 1.

* * *

A LIVING SITUATION

"INDEPENDENCE"

Cyprian St. Cyr

One time R. Horseley, the sage of the Ozarks, went to Old Man Snodgrass's cabin for dinner. Old Lady Snodgrass, Callyann as she was named, was suffering badly from arthuritis and chronical bronichal trouble, but she was still able to turn out a fine Arkansas meal of chicken soup, fried chicken, hominy, buttered sweetcorn, and fresh mountain blueberries. Horseley noticed that Old Man Snodgrass cleaned off his plate right up to dessert, when he ate everything but one single solitary blueberry. "Go ahead and finish," urged Callyann, but Old Man Snodgrass, he stubbornly refused to eat that last blueberry no matter how urging she got, until finally she started to carry off the dishes and wash them under the pump, and you could tell from the way she pumped she was in a pet.

"How come," asked Horseley, "you won't eat that last blueberry? Doesn't seem very obliging to me."

"Man got to have something," said Old Man Snodgrass. "Some way to prove he's a man. Ain't no more sword-fighting in wars. Ain't no sport shooting deer through a telescopic sight — if you could catch up with 'em and wrestle 'em by hand t'would be something, but you can't. And it's got to be something your women folk can see if you're going to take any pride in it. There's bull-fighting, but I never did learn that. So the only thing I know of that's left is what I just did: refuse to eat that last blueberry, and that show's 'em you still got your manhood, aside from doing what any man can do."

Question: What else can a man do that's better?

EDUCATIONAL ACTIVITIES

TA AT THE APA

The Annual Meeting of the American Psychiatric Association will be held in Detroit, Michigan, May 8 - 12. There will be an evening panel on "Transactional Analysis of Life Scripts" on Thursday, May 11, at 8 p.m., with Eric Berne, Kenneth Everts, Robert Goulding, D. Jay Nichols, Barbara Rosenfeld, and Claude Steiner. ITAA Hospitality Headquarters at the Pick-Fort Shelby Hotel, 525 W. Lafayette, will be open from 5 p.m. Wednesday to 10 a.m. Friday, far into the night, and all our members and other interested parties are invited there to browse, rest, and talk, with refreshments supplied by courtesy of the ITAA.

TA AT THE GOLDEN GATE

The Annual Scientific Meeting of the Golden Gate Group Psychotherapy Society will be held on Saturday, May, 20, 1967, at the Milberry Union of University of California Medical School in San Francisco. The morning TA Section will be devoted to "Transactional Analysis of Scripts," with Claude Steiner, Martin Groder, Pat Crossman, and others leading. The afternoon TA Section will deal with "Recent Advances in Transactional Analysis," with Stephen Karpman, John Dusay, David Kupfer, and Melvin Boyce. Claude Steiner will also present a paper in the general sessions, entitled "Therapeutic Contracts in Group Psychotherapy." Contrary to our usual policy at the, GGGPS, there will be no introductory course in TA offered this year.

APPLICATIONS FOR ADVANCED MEMBERSHIP

Those wishing to apply for Teaching, Clinical, or Special Membership at the August Summer Conference, and whose sponsors feel that they will be ready to take the examination at that time, should send their requests for application forms, by June 19, to the Executive Secretary at Box 5747, Carmel, California 93921. Completed application forms must reach the Chairman of the Membership Committee, Dr. Robert Goulding, Box 6116, Carmel, before July 19, 1967.

SAFTAS

The Advanced Seminar 202 of the San Francisco Transactional Analysis Seminar on Tuesday, May 9, will be devoted to a preview of the short papers to be presented the following Thursday at the APA meeting in Detroit.

Please note that the telephone number of our Secretary, Pamela Blum, has been changed to (415) SK 2-6671

GEORGE

(Our Sponsored Orphan in Crete)

George writes: "We had a lot of rain in our area and the streets are flooded. The trees don't have much foliage. The birds are hiding in their nests. Once in a while one of them makes one round in the air, and then it returns to its nest. A cretan folk song: 'The sun won't smile for me, the moon won't rise. The cloud rolls for me and the seagulls are squealing.' "

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and clergymen. The teaching is primarily oriented toward group therapy, social dynamics, and personality theory based on transactional analysis. The Association is now in its tenth year, and is self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Societies are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible. Qualified people can become Associate Members of the ITAA by filling out the blank below. They may become Regular Members after taking a complete Introductory Course or its equivalent, and may apply for Clinical or Research Membership after their training meets the standards of the Membership Committee.

All classes of membership include: (1) Subscription to the Bulletin (2) Entree to Seminars and Societies when travelling (3) Hospitality of the temporary ITAA headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences (5) Listing in the Annual Geographical List of Members.

Those desiring Associate Membership (or Regular Membership if eligible) may fill in the coupon below and enclose the membership fee. Subscriptions to the Bulletin are available to institutions and libraries at $5.00 per year and to individual professional workers at $10.00 per year.

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TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 6 JULY 1967 NUMBER 23

SCIENTIFIC PROCEEDINGS

SAN FRANCISCO 63
SAN DIEGO 67
LOS ANGELES 68

A LIVING PROBLEM 68
C. St. Cyr

THE TREATMENT OF ALCOHOLISM . . 69
C. Steiner

POSITION AND SMILING 72
P. Crossman

DIRECTORY OF AFFILIATES 74

BIBLIOGRAPHY 76

TRANSACTIONAL PUBS 77

EDUCATIONAL ACTIVITIES 78

ORGANIZATIONAL NEWS 79

NEWS FROM BRANCHES 79

TRANSACTIONAL ANALYSIS BULLETIN

published quarterly by the

International Transactional Analysis Association

and its affiliates

A Non-profit Educational Corporation

VOLUME 6 JULY 1967 NUMBER 23

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. A membership registration blank will be found on the back cover of each issue. For institutions & libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and inquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California 93921.

Contributors

Articles, clinical notes, news items, and letters should be addressed to the Editor at the above address. They should not exceed two double-spaced typewritten pages in length, and should conform to the requirements on page 131 of the April, 1966 Bulletin.

The International Transactional Analysis Association

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SPRING QUARTER — ADVANCED SEMINARS — 202 — APRIL - JUNE 1967

The abstracts below are written for professional readers who are assumed to be familiar with the principles and language of transactional analysis.

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINAR

February 14. Claude Steiner: "Training of Professionals and the Unconscious."

Steiner reviewed the usual meanings of the term unconscious, and concluded that nowadays the term is often used vaguely. A transactional as well as a dynamic (repression) explanation is able to account for the phenomena observed by Freud as follows: so called "unconscious material" is conscious to to the Child and capable of being reported at any time. The situation in which material is interpreted as being repressed is one in which a Child is unwilling to report to a Parent. The therapist's job is to cathect the Adult and have an Adult to Adult discussion about the Child's conscious phantasies or acts.

This view of the unconscious is an antithesis to a consulting room game called "O.K. Doc, if you say so." Here the patient will agree with an interpretation about "the unconscious," since it is assumed that it is not verifiable or real.

In the training of professionals, discussion about how to deal with the limited range of situations facing a worker is preferred to a discussion of the limitless range of "unconscious" possibilities. Thus, training should be around "What to do when . . ." instead of "It is interesting to note that . . ."

March 14. Ray Poindexter: "Harried Wives and Colitis."

Poindexter discussed two wives in a therapy group who had identical colitis symtoms that had prevented socialization for one to two years. Symptoms lessened considerably during an eight week Introductory lecture series on transactional analysis. Both patients had mothers who directed their daughters into the Harried game over food preparation and home cleanliness. The husbands' Parents, shifting between nurturing and prejudiced, also helped to maintain the abdominal spasms. Symptomatic relief coincided with the shift of ego cathexis from Child to Adult in transactions with their mothers.

April 4. Claude Steiner: "A Gestalt Experiment."

Steiner reported on the use of a Gestalt Therapy technique demonstrated by Perls. The technique was used with a patient in group treatment who has a blushing problem.

Applying the view that the blush is split off from the person just as the elements of a dream are split off, the patient was asked to have a conversation with the blush.

Girl: "Go away you horrible thing." Blush: "C'mon, you know you like me, and you like the way I attract attention." Girl: "Yes I know, but I am always left so confused and helpless by you." Blush: "That's O.K., somebody will try to help you."

After the experiment it was determined that blushing was the next to the last move in a variant of Rapo which she now plays and which she first played with her father. The experiment was very useful in giving a clear picture of the internal dialogue accompanying the blush, and lead to a clarification of what the patient's Child is like.

In using the technique, Steiner felt that a certain amount of time had to be spent, before the end of the meeting, in "putting the patient together again" and in assimilating into the Adult the information gained, a process that often seems to be left to chance by Gestalt therapists.

April 11. James Horewitz: "A Married Couple." (Tape)

Horewitz presented a tape of a therapy group. His questions focused on Bill and Cora, a married couple. The couple were told they were being presented to a seminar. Bill and Cora were asked what they wanted to know about themselves and each other. Cora's contract was to get over her frigidity. She wanted to know about herself: "Why do I keep saying I'm not getting better?" She also wanted to know why Bill's Parent is so easily hooked and why he is forcefully impatient about her getting better. Bill wished to know if he has a vested interest in Cora's not getting better.

Bill was a whining Child with Cora, playing "If It Weren't For You." He showed contempt for her and suffered from premature ejaculation. He used expressions like "get your ass to work" indicating he was sending Cora out to other men.

The seminar felt that Cora stayed mixed up and frigid in order to trap Bill, and that answered both their questions.

April 18. Ray Poindexter: "Use of a Projector in Group Therapy."

Poindexter demonstrated a portable overhead projector used in place of a chalkboard. A six foot image obtained from a six foot distance permits a wide application of this visual aid for large lecture audiences as well as for small therapy groups. New group therapy patients are introduced to ongoing groups by means of a one page "script history" transparency. Patients think this education procedure greatly accelerates their progress. The Seminar, skeptical at first, was impressed with the value of this equipment.

April 25. Melvin Boyce: "Games People Play in Race Relations."

Boyce presented material from a retreat he had lead on "Games People Play in Race Relations." The main games analyzed by the 55 participants were "We're Only Trying to Help", on the part of the church sponsors, and "If It

Weren't for Them", as played by the Negroes and whites in civil rights activities. A great conflict developed between supporters and opponents of Adam Clayton Powell. This was resolved by putting the two chief antagonists into an Intimacy Experience.

May 16. TA at the APA.

Berne, Everts, Nichols and Steiner reviewed the panel on "Transactional Analysis of Life Scripts" presented at the APA meeting the previous week. The subject was difficult and still not completely formulated, but the presentations were concise, clear, and supported by condensed and pointed clinical material so that the audience knew that something worth while was being said even though they could not understand such complex ideas on the spot. Each speaker had a different aspect to emphasize and illustrate. Long discursive cases and discussions were avoided, extraneous material was cut out, and there was no "panelling" back and forth with cute sayings of bright clinicians. Each speaker knew exactly what he was supposed to be there for and carried out his assignment. This is the policy which has been followed each year and has paid off in a gratifying attendance. This was an "after dinner" meeting, and it was felt that this was better and crisper than the "dinner meetings" of previous years.

May 23. Ray Poindexter: "TA and Management Problems."

Poindexter reported on a two-day Transactional Analysis Management Training Seminar attended by forty-five West Coast Navy military and civilian personnel. Captain Hedges Capers and Joseph Concannon assisted. Structural Analysis, Transactional Analysis, and Game Theory were presented on the first day. The second day was devoted to on-the-job applications and analysis of the "Games Executives Play." The seminar participants commended the course by saying it was too short and they wanted more. One man objected, saying: "Transactional Analysis is all right, but it should not take the place of sound, practical, mature personal judgment of the experienced manager." He also complained that the seats were too hard.

May 30. Claude Steiner: "Decision versus Disease."

A disease can be classified as to onset, course and outcome, a tragic script as to prologue, climax and catastrophe. The disease model of emotional disturbance, now under attack in some places, has been viable because it reflects the realities of the phenomena observed. The "dynamic" views have failed to account for the ongoing quality of emotional disturbance. Scripts differ from diseases in a most significant way in that scripts are based on decisions and diseases are not. Thus since a decision can be revoked a script can be given up, while a disease cannot.

Decisions vary as to age at which made, comprehensiveness and social adaptedness. Early, comprehensive and socially unadapted decisions generate more serious disturbance than later, mildly comprehensive and socially adapted decisions.

Early infantile autism could possibly be an early decision to comprehensively reject human contact. The adolescent's decision to become homosexual is an example of a late not very comprehensive but socially unadapted decision.

June 6. Pat Crossman: "Position and Smiling."

See page 72.

June 6. Eric Berne: "A Priori Analysis of Scripts."

Berne presented a myth (Europa), the derivative fairy tale (Little Red Riding Hood), and analysed the pertinent transactions in each. He then presented a clinical case which involved the same transaction, so that it could be said *a priori* that the patient's script was the same as the fairy tale and the myth.

June 13. Eric Berne: "A Posteriori Analysis of Scripts."

Berne presented what seemed like a script clinically, and dissected out the critical transactions. By searching the literature, he found that Sleeping Beauty had the same set of critical transactions, and that there were many "sleeping" myths which also required them. Thus he could demonstrate that the patient's life history resembled transactionally a certain fairy tale and a certain set of myths. This justified him calling the patient's life history a script. Such relatively rigorous approaches minimize such errors as calling a game a script, or one act of a script the whole script. He discussed certain related concepts, such as Jung's archetypes and Adler's life style, and showed how they differed from the concept of a script.

June 20. Claude Steiner: "The Counter-Script."

The concept of counter-script, as described by Steiner, has changed somewhat in meaning during its evolution of the past year or so on the basis of further clinical experience, and this was an attempt to clarify its present status. At first it seemed to mean the good things accumulated in the intervals between script activity, or while carrying out the script: e.g., a Ph.D. candidate with a "failure" script gathered a lot of knowledge while he was engaged in failing, and this could be put to good use even if he failed, and especially if he stopped failing. This is still an example of a counter-script, but the concept is broader than that. In the case of an alcoholic it refers to those periods when he stops drinking and it appears that he will succeed. Everybody pretends to believe that he is going to succeed, even though they know he isn't; they laugh, for example, when he comes in and says: "Guess what, I slipped again." This means that the period of counter-script (apparent breaking up of the script) is spurious, and everybody knows it. Berne compared this to Sisyphus, As he rolls the stone up the hill, he and others may think that this time he is going to make it. This is his counter-script. When it gets to the top, everybody gets ready to cheer, as though they really thought he would succeed; then, of course, it rolls back again as his script calls for.

Crossman solved the vexing question of how to diagnose the Child acting like a Parent, from a true Parental ego state. The Child acting like a Parent is saying "How'm I Doing?" while the true Parent doesn't care how he's doing, he just says whatever it is he has to say no matter how poorly thought out or ineffectual it is, or on the other hand, sees that the offspring are taken care of no matter whether others like it or not. Berne summarized this by saying that the Child acting like a Parent is a three-handed transaction, agent, respondent, and actual or fantasied onlooker; while the true Parent's transactions are two-handed: agent and respondent.

SAN DIEGO TRANSACTIONAL ANALYSIS SEMINAR

May. Hedges Capers: "Internal and External Parental Functions."

Capers has developed a modified personality structure which he has used in conjunction with the script matrix. Using this diagram, Mrs. A was able to see that her own nurturing Parent is able to care for her own frightened Child in the same way that she cares for her son, Johnny. Mrs. A is afraid that she is going to harm Johnny, and she now understands that this fear is caused by some mixed-up messages which are in her own Child. Her Parent is able to take good care of Johnny even when he "busts out" and says unacceptable things like "I hate you, I'll kill you." She has been able to see a similarity between Johnny's threats and the threats which come from her own Child. She is also beginning to understand that her own Child has reason for "busting out." In one of the counseling interviews she asked, "How can I get rid of the little bastard? Maybe I should lock her in a closet."

C explained that she really has two children, that both of them need her nurturing and that her nurturing Parent, sometimes programmed by her Adult, can take care of both these children in the same way. The situation has recently become more complicated. Her husband received orders to go to Viet Nam. We discussed the fact that both her children would miss the nurturing that her husband had given them, and Mrs. A anticipated that both of them might "bust out." C suggested that her being aware of the situation would enable her nurturing Parent to meet the needs of both Johnny and her inner Child that were hitherto provided by her husband, and drew a diagram which he thought might clarify these relationships. This consisted of arrows going from Mrs. A's Parent to her inner Child on one side and to Johnny on the other side, with her Adult below her Parent and supporting it.

When Mrs. A saw this diagram showing her own Child in the same kind of relationship with her Parent as that of Johnny and when she realized that her Child was just as helpless and needed the same kind of nurturing that Johnny needed, her Child became no more threatening to her than was Johnny.

She now feels that her nurturing Parent, sometimes Adult programmed, can enable her to allow her Child and Johnny to play together. She was able to affirm her understanding by "I can actually feel my nurturing Parent caring for my frightened Child in the same way that I can care for Johnny." Subsequent observation has indicated that this was a moment of significant change.

April 20. Roy Brazzale: "A Plateau in Treatment."

Brazzale presented a taped session with a 32 year old female who had been diagnosed as a borderline schizophrenic. The reason for presenting this patient was Brazzale's feeling for the past month he had made little, if any progress.

The Seminar commented on two points. First, the therapist believed that schizophrenia was incurable. Secondly, he was being seduced by his patient whom he was "only trying to help."

April 27. Mona Finnila: "Ego States During Childbirth."

Finnila recently gave birth to a daughter. She presented a tape of her recollections of the delivery. Differentiation of the ego states was evident as the labor progressed. Her "natural childbirth" preparation, e.g., breathing birth" preparation, e.g., breathing exercises, failed to help, perhaps because it exercises, failed to help, perhaps because it was Parent-programmed.

May 4. William Collins: "The Runaway Computer."

Collins described a 48 year old schizophrenic woman who, when she was disturbed, had photographic memories of entire pages of books she had read as long as 30 years ago. She could not control these visual images and said: "It was like a data computer that I couldn't turn off." Now that she has recovered, she is unable to reproduce this phenomenon.

* * *

A LIVING PROBLEM

Cyprian St. Cyr

"HATING IS LESS WORK THAN LOVING"

All sorts of people visited the cabin of R. Horseley, the Sage of the Ozarks, and he never turned anybody away mainly for the education and enlightenment of his beloved and beauteous daughter Amaryllis. One day Lip Snouter, the local Kleagle of the K.K.K., was complaining to Old Doc Digger, who graduated from the Arkadelphia Homeopathic & Eclectic School of Medicine & Pharmacy in 1913. (AHESMAP, AHESMAP, Rah Rah Rah!).

"My wife ain't giving me much loving," said Lip. "You think that could be fatal to a strong man like me, Doc?"

"Known it to be," said Doc. "For instance, the reason some of these Ayrab sheiks live forever is . . ."

"What are you doing instead of loving?" interrupted Horseley.

"Hating," replied Lip.

"Can't you find somebody else to love?" asked Amaryllis.

"My wife wouldn't like that," said Lip.

"She might if you let her find somebody else."

"But I wouldn't like that," said Lip. "And anyway, hating is less work than loving."

Question: What would you say next to Lip Snouter?

THE TREATMENT OF ALCOHOLISM

Claude M. Steiner, Ph.D.

Alcoholism as well as Drug Addiction, Excessive Smoking, and Overeating are games played by persons with self-destructive scripts. A self-destructive script is one which meets Aristotle's requirements for tragic drama. It is a feature of the most classic of tragic heroes, according to Aristotle, in that he is both active and conscious in his self-destruction. The flaw in the tragic hero, *hamartia,* is the feature that characterizes tragic scripts and it is this flaw that finds expression in the active and knowing self-destruction which often accompany the above named games. The important feature of good tragedy, according to Aristotle, is *peripeteia* or tragic reversal. This is the ironic condition in which situations dramatically reverse themselves and take an unexpected and tragic turn.

Not all scripts are hamartic in that not all scripts fulfill these requirements of good tragedy. All seriously suicidal persons can be said to be hamartic as well as all "needle" drug users, many alcoholic, some overeaters and some excessive smokers.

Hamartic individuals play hard games involving human tissue. Many alcoholics are not hamartic, that is, their alcoholism does not have as a requirement tissue destruction. Non-hamartic alcoholics play for depression, anger, guilt, etc. and are therefore not committed to hard, tissue-games. These non-hamartic scripts have as a life course not so much "killing myself" as "nothing ever happens" or "going from bad to worse."

It is important to distinguish hamartic from non-hamartic alcoholics because they require different degrees of therapeutic intervention. The main difference being that the former require active "tissue" responses (Child and Parent) from the therapist, while the latter may yield to verbal or primarily Adult intervention.

Hamartic scripts, like all scripts, are the result of parental injunctions. In the case of an abuser of mind altering drugs (including alcohol) a basic feature of the injunction is always "Don't think" or in TA language "Don't use your Adult." The effect of drugs, and this probably includes "maintenance" doses of tranquilizers and other psychotherapeutic drugs, is to prevent thinking. To the Child, the drug is a foreign substance lodged somewhere in the body, usually the head, so that being "on Thorazine" may feel like having a marshmallow in your head, and being "high" on amphetamines may be like having a balloon inside the skull. In any case the person does not expect, and is in fact not able, to think or turn on the Adult. In addition to the "Don't think" injunction, a hamartic script has a "Don't live", or some variant of a "Don't live" injunction.

The conventional way of thinking about hamartic psychopathology is as impulse disorder; the "defect" is seen to be located in the ego which is unable to control the impulses. From the point of view of script psychology, however, self destruction is the desired effect and does not imply defective but effective

ego function. To the alcoholic, the payoff is the hangover. The self-destructive ending of the game is sought by the person not as an end in itself however, but because it is a requirement for the acquisition of parental approval or strokes. Thus it can be said that the person is "required" to be self destructive because, as a youngster, his parent's Child truly required this in exchange for protection. (See Crossman, TAB 5: 152, July 1966). The person's ego is not defective in that it is unable to control impulses but only, if this can be called a defect, in that it has more investment in obtaining protection from the internal Parent than it has in self-preservation.

It might be postulated that in addition to stroking hunger and structure hunger a third hunger that can be named *position hunger* is in operation. Position hunger is a form of stroking hunger because it represents the need for internal strokes from the Parent. This hunger can over-ride the normal self-perservative tendencies of the individual and persists until the person gives up the script by overthrowing the internal Parent with the aid of the therapist's Parent.

In hamartic individuals, self-destructive behavior will always be associated with a smile. The person who explains this smile by saying "I am smiling because it is funny" or "I am smiling in order not to cry" is falling prey to the Professor's sophistry. A smile is always associated with pleasure, or more precisely, just as it is with the infant, with deep, physiological well being. The pleasure in this case is the result of the witch-mother's or ogre's protection and smile, which is awarded for self-destructive behavior.

Thus, the infant who is biologically a self-preserving organism can be transformed into an organism that ignores self-preservation to obtain Parental protection; the prince is converted into a tragic frog. This is also the essence of masochism where sexual pleasure is felt when the person is subject to pain.

Certain home situations that are "hamartia-genic" can be characterized as a concentration camp with two intemperate, two-hundred-pound children beating up on a twenty-pound three year old. The severity and malignancy of such situations cannot be minimized. Needless to say the three year old has no recourse other than to do exactly as the big kids expect him to. This fact needs to be understood for the proper treatment of self-destructive disorders, not so as to use it in a game of "Ain't It Awful" but because, in the most basic sense, treatment of such disorders requires potency and protection from the therapist commensurate in impact to the impact of the parents in question.

An aspect of treatment, not to be overlooked, is the gallows transaction, a startlingly common event in the treatment of self-destructive disorders. Here the patient says "I got drunk last night, haha", and the therapist or another group member responds "Sorry to hear that, haha." The verbal content is A to A and the haha's are from C to C or from C to P and from P to C. The patient's smile is primarily addressed to the witch-mother or ogre. The smile from the respondent serves to reinforce the self-destructive behavior in the Child.* The Child learns on a conditioning basis and is stimulus bound so the smile of the respond-

* See P. Crossman, this issue, Page 72.

ent has the effect of helping the hangman or the witch-mother or ogre. When the gallows transaction is explained in a group and is thus prevented from occurring the effect on the patient is startling, and often his Child reacts as if the therapist is a party-crasher who made away with the goodies. Curtailing the gallows transaction should not be mistaken to mean that therapy should not be fun, but simply that self-destruction is no fun. This leaves the group to laugh at whatever is joyful rather than tragic in the patient.

The most important transaction in the treatment of self-destructive disorders is permission. Permission is a duplex transaction involving a statement between A and A such as "You will not regain your job unless you stop drinking" and between the therapist's P and the patient's Child "Stop drinking!" The latter statement is in opposition to the witch mother's or ogre's injuction who is essentially saying, "Drink!"

Permission requires the involvement of patient's Adult and if the Adult is not convinced of the validity of the therapist's Adult statement, permission simply becomes a Parental command that may be resisted by the Child. Decontamination of the Adult may be needed. It must be remembered that the Parent giving permission should be the first order Parent and not the Parent in the Child since only the first order Parent is capable of providing potent protection against the witch mother or ogre. The second order Parent is an impotent rescuer or persecutor who is not able to back up his permission with protection.

Offering Antabuse to an alcoholic is the most succinct and elegant form of permission available. When Antabuse is accepted by the Patient's Child from the therapist's Parent and when the patient's Adult understands taking Antabuse as "making sense" then the situation constitutes permission. (That is, permission to stop drinking, in opposition to the patient's Parent, who is saying "Drink!") If it is only accepted by the Child it constitutes a script antithesis, or a temporary moratorium on the life course. Patients whose Child does not accept Antabuse from the therapist's Parent, will not ingest it even if the Adult sees it as making sense. ("Yes, but I'd rather do it myself, Doc.")

Because the patient has to rely on the therapist's protection, the timing of permissions is important. (See Crossman, TAB 5, loc. cit.) They should be given only if both the therapist and patient feel that protection is possible. Thus, they should not be given before going on vacation, or when schedules are likely to be overcrowded. Permission should not be given until the Child in the patient and the therapist learn to like and trust each other, a process which cannot be expected to take less than one month, and usually takes between three and six months.

Need for protection may arise at almost any time; therapists who prefer to isolate themselves from their patients may fail to be available for protection when needed. Experience shows that with a case load of about fifty patients a therapist will need to provide protection about twice a week outside of the regularly scheduled appointments. Need for more than three times this amount probably means that a game of "rescue" is in progress.

POSITION AND SMILING

Pat Crossman, C.S.W.

The Adult in the Child ego state, called the professor, is both rational and data processing. I suggest that it has two main functions during the years of childhood. The first is to figure out, from available data, how to keep mother around, as a child needs a mother for protection, and preferably a mother who likes the child and expresses this liking with a smile. The second is to make sense, again from available data, of the world, of which the family is the microcosm; that is, to understand it and make predictions about the child's place in it. This is done by sorting, evaluating, and storing the many messages, verbal and non-verbal given by the parents. When parents give contradictory messages the child becomes confused. The Professor cannot make any sense out of this. If the confusion is too great a child may substitute fantasy living in an attempt to make sense, substituting pretend parents for the real ones. In T.A. terms a mother can be regarded as giving double or contradictory messages from two Ego states. For example, a mother may say to a five year old boy: "Your father is a good man," while at the same time she angrily wrings her hands. Thus the Parent in the mother can be heard saying: "I like your father—I like men," while her Child protests: "I hate your father — men, see how he makes me suffer."

Thus the Professor in the young child is presented with two contradictory statements out of which some sense has to be made and some predictions about the future. Why does mother say this? What will please her and therefore keep her around? And how should the child act upon the information in the future? It would not be surprising if the child decided that the only way to keep mother around was not to be a man, that the reason she behaved in this alarming and confusing way was that she was a tyrant, and that all women could be expected to be tyrants. So the little Professor might decide on the position "All women are tyrants." The taking up of such a position avoids the pain and confusion of any further thinking— "Don't think" being substituted for "Can't think."

Therefore if this position makes some sense out of confusion, it follows that giving up the position exposes a person to the pain and confusion from which he sought to escape, and may explain the anxiety experienced when a position is threatened. However, a man who has decided early that all women are tyrants may in later years, nevertheless, pursue many women, just as the women who decided that all men were brutes went on to marry a succession of alcoholic husbands.

The position a person decides upon may make some sense of confusion but will rarely explain it adequately. Behind every position, taken in early life, is a protest against that position based upon a halfway good experience — few parents are wholly bad, otherwise children would die or run away. A father who beat his daughter every day may have surprised her once with a box of candy. So a position "All men are brutes" may contain an implicit "But perhaps there is one who is good," and "All women are tyrants" may include "Except

for the one who is an angel." Thus by intermittent reinforcement — an occasional and random morsel of grain, a pigeon can be kept pecking indefinitely, and thus by the same principle people remain tied to the Parents in their heads.

Smiling, as it occurs between a mother and an infant, is possibly one of the earliest stimulus-response situations. The infant smiles at its mother, mother responds with a smile. The infant then anticipates a sequence of actions, possibly being held and fed. He could be said to have a model of what is to follow. In normal mothering the sequence proceeds uninterrupted to the conclusion. The model is cleared or discarded until the next time, and mother and child are relaxed. In normal mothering it can be assumed that mother's Parent and Child both like kids. So when mother smiles it is with her Parent and Child at the same time.

However not all mothers like their children. Because parents are supposed to like children, mother's Parent will pay lip service to this idea and smile, but if her Child either fears or hates kids the situation may be as follows. Mother's Parent smiles while at the same time her Child pinches the infant and hurts it some other way by crushing or freezing. Thus the anticipated sequence of actions is interrupted as with an electric shock, and the infant is left a somatic model or blue print which is never cleared by completion. Thus he is left with unfinished business and at the same time has learnt from real experience only one distorted way of interacting with mother.

It could be suggested that early experiences such as this greatly influence behavior. Certain games, for example "Corner", could be regarded as distorted attempts to finish unfinished business. Thus a game can start honestly but at a certain point it is as though an electrode were activated and the game ends with the predictable moves and final payoff. Unfinished business becomes transformed (with its undischarged energy) into fantasy and remains fixed in the Child ego state of the grown person.

Script and Counterscript can be considered as attempts to evoke mother's smile. The script is followed for the smile of mother's Child — who enjoys the infant's pain—Counterscript for the approving smile of mother's (and father's) Parent.

The smiling becomes an important issue in therapy. The smile of the therapist, if it is inappropriate to the real situation, can be confused with, or taken for, mother's smile, thus precipitating the patient into behavior which is Child-programmed fantasy living, supporting and furthering the Script.

* * *

A THOUGHT FOR SUMMER

"For he had remarked on the moon and elsewhere, that there is nothing which makes people so angry, as to find that other people can be happy in a different way from that which they propose."

—The Commissioner, or De Lunatico Enquirendo

(Dublin, 1943)

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LOS ANGELES TRANSACTIONAL ANALYSIS SEMINAR (LATAS)
Secretary: Claire Wolpe, M.S.W.
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Meets Thursdays at 8 p.m. at the above address
The LATAS will not be meeting during the summer, but will resume in September.

MENLO PARK SEMINAR (A Branch of CITA)
Directors: Robert Goulding, M.D., David Kupfer, Ph.D.
8 Cotton Place
Menlo Park, California
Meets Wednesday evenings from 6:15-7:25 p.m. at the above address

MONTEREY PENINSULA TRANSACTIONAL ANALYSIS SEMINAR
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Meets the first and third Sundays every month at 8:30 p.m. usually at the above address, but it is advisable to verify the meeting place by telephone before arrival.

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Meets every Tuesday at 8:30 p.m. at the above address. First and last Tuesdays each month open to all professionals—Other Tuesdays for members only.

* * *

BIBLIOGRAPHY

Recent publications of peripheral interest to game-analysts include a book called GAMES CHRISTIANS PLAY, by J. Culbertson and P. Bard, which includes the interesting device of using initials for different games: e.g., one game is called RWFHC. The book makes no reference to any previous literature on the psychological games. An article in the June 1967 issue of the ARCHIVES OF GENERAL PSYCHIATRY entitled "The Doctor-Nurse Game" by L. I. Stein similarly omits references to any previous literature. There is also a very amusing book called PEOPLE GAMES, by O. Kitzenger and A. Schwine (Pocket Books, New York, 1966), which is evidently a take-off on some unmentioned book of a similar naure.

Chapters from GAMES PEOPLE PLAY are included in the excellent collection of selected readings on HUMAN DEVELOPMENT edited by Morris and Natalie Haimowitz (Thomas Y. Crowell Company, New York, 1966) and a selection from TRANSACTIONAL ANALYSIS IN PSYCHOTHERAPY is in MAN'S SEARCH FOR A MEANINGFUL FAITH, edited by Robert C. Leslie (Graded Press, Nashville, 1967). E. Berne discusses a paper on "Marital Interaction" by Peter L. Giovacchini, with Dr. Giovaccini's reply, in the PSYCHOANALYTIC FORUM, Vol. 2, No 1, Spring, 1967.

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LIMITED EDITIONS

GAMES PEOPLE PLAY. The Limited Edition of Games People Play is now exhausted. The book will continue to be available in the hard cover trade edition (the same one sold in book stores) for the same price. $5.20

PRINCIPLES OF GROUP TREATMENT, by Eric Berne, is now available in a limited edition of 500 copies put out by Transactional Pubs as TAB Supplement No. 3. It is the same as the trade edition published by Oxford University Press, except for a special title page, and the price is the same. Part I: General Principles of Group Treatment. Part II: Transactional Group Treatment. $6.76

RECENT ADVANCES IN TRANSACTIONAL ANALYSIS, by Eric Berne. Reprinted from "Current Psychiatric Therapies," 1966. 35c per copy.

TAPES

CONDENSED INTRODUCTORY COURSE IN TRANSACTIONAL ANALYSIS, TAB TAPE SUPPLEMENT NO. 2. Four lectures given at the Second Summer Conference, 1964. Four hours, 3¾ ips., professional recording. $26.

OTHER BOOKS AVAILABLE

OUTLINE FOR AN INTRODUCTORY COURSE IN TRANSACTIONAL ANALYSIS DYNAMICS, TAB SUPPLEMENT NO. 1. 13 pages in mimeograph, interleaved with blank foolscap pages for notes, giving topical headings for a course of eight lectures. This is useful for instructors, for those taking an Introductory Course, or for anyone desiring a summary of transactional theory. $2.08

TRANSACTIONAL ANALYSIS IN PSYCHOTHERAPY. Paperback. The basic text for transactional analysts. $4.11

THE STRUCTURE & DYNAMICS OF ORGANIZATIONS & GROUPS. Hard cover. The transactional theory of group dynamics, and its application in the therapy of ailing groups. "Of great interest and importance to those people who teach groups, lead them, record or observe them, or just participate in them." (American Psychiatric Association Bulletin, February 1965). $7.80. Paperback $2.55

CONJOINT FAMILY THERAPY, BY VIRGINIA SATIR. Paperback. Contains a concise summary of clinical communication theory as practiced by the Palo Alto group, as well as much information and many acute observations concerning family dynamics. $5.15

LAYMAN'S GUIDE TO PSYCHIATRY & PSYCHOANALYSIS, BY ERIC BERNE. Paperback. A simple and readable introduction to the principles of psychoanalysis, with a survey of the field of clinical psychiatry. $2.03

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TA AT THE GOLDEN GATE

Many ITAA members attended and participated in the Tenth Annual Scientific Conference of the Golden Gate Group Psychotherapy Society. It was held on Saturday, May 20, 1967 at the U.C. Medical Center in San Francisco. Zechnich, Blank, Ernst, Barclay and Steiner gave papers. Paper discussants included Callaghan, Concannon, Yates, Jarvis, Everts, Poindexter, and Lewis. Steiner, Crossman and Groder conducted a workshop on Script Analysis in TA. Karpman, Dusay, Kupfer and Boyce gave a workshop on Recent Advances in TA, and a workshop on Institutional Games in Youth Authority was conducted by Underwood and McCormick.

TA AT THE APA

On Thursday, May 11, the ITAA presented an evening panel on "Transactional Analysis of Life Scripts" at the annual meeting of the American Psychia tric Association held in Detroit. Eric Berne presented the introductory concepts, while Kenneth Everts, D. Jay Nichols, and Claude Steiner presented theoretical elaborations and clinical material, with Barbara Rosenfeld acting as panel secretary. Following the meeting there was a party at the ITAA Hospitality Headquarters at the Pick-Fort Shelby Hotel attended by about 300 people.

TEACHING EXPEDITIONS

There was considerable activity on the part of our members during and after the APA meeting. David Kupfer and Robert Goulding conducted seminars and workshops in Des Moines and Chicago, and as noted elsewhere, Ted Olivier in Warren, Pennsylvania. Eric Berne held a marathon for some of the residents at the Yale Psychiatric Clinic in New Haven, and lectured at the Menninger Foundation on "Curing Patients versus Making Progress." More recently, John Dusay taught at Lynchburg, Virginia, and went to London where he met with Paul Freeling, whose new book, written with his associate Kevin Browne, "The Doctor-Patient Relationship," has just been published by E. & S. Livingstone in London and Edinburgh, and recommends TA for general practitioners in Great Britain.

NEW STUDY GROUP

New study groups have been formed in Des Moines, Iowa, and Flint, Michigan. Their addresses will be found in the Directory of Affiliates.

GEORGE

(*Our Sponsored Orphan in Crete*)

George writes that he has bought a book "called little encyclopedia and it tells about everything there is on earth." He sends a Cretan folk song: "If you should go to Crete, oh Cretan, get me a knife so that I may keep it on me winter and summer."

ORGANIZATIONAL NEWS

Summer Conference

Flyers for the Fifth Annual Summer Conference to be held at the San Francisco Hilton on August 19-20, 1967 have been mailed to all ITAA members. If you would like extra copies of this flyer, please write to the ITAA headquarters office, P.O. Box 5747, Carmel, California 93921. This flyer contains information about the Introductory Workshop, Clinical Panels and Papers, costs, the Saturday night banquet, and a registration form. Advance registration will greatly assist in planning.

Standing committees are requested to transact any necessary business Friday evening, August 18, in order to lighten the agenda for the Clinical Business Meeting on Sunday afternoon. The Nominations Committee will be asked to present its slate of nominations for 1968 officers and trustees at the Business Meeting.

NEWS FROM BRANCHES

Following the APA meeting in Detroit, Dr. Ted Olivier of San Diego conducted a short introduction to TA for about thirty psychiatrists and psychiatric residents at Warren State Hospital, Warren, Pennsylvania. Dr. Olivier's presentation was well received, and he was invited to return next year.

The Carmel Institute for Transactional Analysis has a full training schedule for the summer months. Taking the intensive course are a minister, a pediatrician, two psychiatrists, a social worker, and six psychologists.

The Berkeley Transactional Analysis Institute offers several courses in TA. Dr. Ken Everts gave a 101 Introductory Course in June and July; the next 101 will start on Monday, September 25, 1967. The 405 Intensive Course in Group Treatment is specially designed for probation, parole and correctional workers. The first group of trainees in this course received their Certificates of Completion in June. The 909 seminar, Transactional Analysis and Hamartic Scripts, is devoted to the study of self destructive disorders and their treatment. It is open to 101 graduates; meetings are from 8:30 to 10:00 on the first and third Monday of every month.

The Chicago Study Group has been meeting regularly; they will take a summer break and resume meetings in August. Four members from Chicago are among the current group of trainees at the Carmel Institute for Transactional Analysis.

The Sacramento seminar has introduced TA to a large number of people through several 101 courses, and through a special series of lectures designed for parents. Their next 101 will begin Monday, October 2, 1967; the next parents' series is scheduled to start Thursday, October 5, 1967.

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and clergymen. The teaching is primarily oriented toward group therapy, social dynamics, and personality theory based on transactional analysis. The Association is now in its tenth year, and is self-supporting through tuition and membership fees.

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TRANSACTIONAL ANALYSIS BULLETIN

VOLUME 6 OCTOBER 1967 NUMBER 24

SUMMER CONFERENCE PROCEEDINGS

PRELIMINARY ORIENTATION 83

PANELS: Urban Church, Juvenile Offenders, Addictions, Marathons, Correctional Institutions, Training TA Therapists, Recent Advances 84

PAPERS: Perls, Capers and Olivier, Harris, Ernst, Cooper, Bush, James 93

—GENERAL—

SCIENTIFIC PROCEEDINGS

MONTEREY 99

SAN FRANCISCO 101

A FAMILY GAME OF UPROAR 102

D. Kupfer

GRADUATE SCHOOL GAMES 103

J. Fagan

SPURIOUS AND AUTHENTIC STROKING 104

K. H. Capers

DIRECTORY OF AFFILIATES 105

TRANSACTIONAL PUBS 108

BIBLIOGRAPHY 109

EDUCATIONAL ACTIVITIES 110

A LIVING PROBLEM 110

ORGANIZATIONAL NEWS 111

NEWS FROM BRANCHES 111

TRANSACTIONAL ANALYSIS BULLETIN

published quarterly by the

International Transactional Analysis Association

and its affiliates

A Non-profit Educational Corporation

VOLUME 6 OCTOBER 1967 NUMBER 24

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. A membership registration blank will be found on the back cover of each issue. For institutions & libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and inquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California 93921.

Contributors

Articles, clinical notes, news items, and letters should be addressed to the Editor at the above address. They should not exceed two double-spaced typewritten pages in length, and should conform to the requirements on page 131 of the April, 1966 Bulletin.

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FIFTH SUMMER CONFERENCE

SAN FRANCISCO, CALIFORNIA — AUGUST 19-20, 1967

SUMMARY OF PROCEEDINGS

PRELIMINARY ORIENTATION

Eric Berne, M.D.

A brief look at "what we're trying to do and how we're supposed to be thinking" was given by Berne. Our main object, he said, is to cure patients. It's important to understand the difference between curing patients and making progress. Most patients don't want to be cured and so they make progress and the therapist gets seduced into thinking it's OK. The difference between getting cured and making progress is exemplified by a woman who feels as though she's living in a dark tunnel with terror at the bottom. If she's making progress she can learn how to smile and raise children while clutching at the tunnel walls; being cured means moving out of the tunnel.

When a patient is cured he takes off his sweatshirt. In the case of a man whose sweatshirt reads "Nobody knows the trouble I've seen," the key part is not the trouble but the fact that nobody knows. Until he's able to tell his troubles he's not going to get cured. This has nothing to do with cliches about "ventilation" or "expressing hostility"; it means that when he was a boy he made up his mind that he was going to have a lot of trouble but not tell anyone about it, because it seemed to him that you get a certain response from people if you go around looking as if you have lots of troubles but aren't telling about them.

The idea of analyzing scripts is very attractive at present but you have to really know what you're doing. People get mixed up and think that just because a girl meets a wolf she must be Little Red Riding Hood, whereas to be Little Red Riding Hood she would have to go through certain well-known transactions, to have a certain kind of mother, and so forth. You need to analyze the transactions in the favorite fairy tale one by one and make sure they really match the ones in the patient's life hisory before you can accurately refer to it as his script.

When you look at each patient you'll see a critical movement, like a tic, stutter, gesture or mannerism, and no matter how much progress is made the patient is not cured until that movement is dropped. If a woman who chews constantly on her tongue is making progress she can learn "how to be happy while chewing your tongue" but the job is to get rid of the tongue-chewing altogether.

PANEL I: "WORKS" IN THE URBAN CHURCH

K. Hedges Capers, B.D., Chairman; Gordon Haiberg, M.D., J. Weaver Hess, B.D., and J. Edward Olivier, M.D.

Why do church members do things that need to be done? General answers touched upon in the session included:

1. They respond out of guilt. Hess, Grace Presbyterian Church, Sacramento, described "the church game" or Sinner, in which the agent is taught to go to church by his parents, stops going as a young man, and returns later under Parental demand, feeling guilty. This guilt-racket has counters like contributions of cash, or time, or special skill. The agent is like a compliant Child, spurred by guilt. "Church authorities" are Parents, alternately persecuting and rescuing the agent, who complies and defies. The similarities to Alcoholic are evident; just as the wet or dry alcoholic seems to allow his life to revolve around bottles—drinking or not drinking—the agent in the church game seems to allow his life to revolve around guilt — sinning or not sinning.

2. They respond out of necessity. Capers, U.S. Navy Chaplain, noted that much Adult activity is needed in the management of churches, and that Adult commitment to meet church needs results in valuable work. He also noted that much time spent on church works can be "busy-ness," a guilt-free spending of time on church work in order to avoid the "intimacy of shared 'OK-ness.' "

3. They respond out of joy. Capers suggested that the important work of the church is undertaken for the joy of exchanging affection among all human beings. Dispensing "OK-ness" to each and all, sharing "OK-ness" is the psychological work of the church.

PANEL II: TA AND JUVENILE OFFENDERS

Paul McCormick, A.B., Chairman; Mary Edwards, M.S.W., Berton Root, B.A., William Underwood, A.B.

According to McCormick, Alameda County Probation Department, a great need exists within institutions that deal with juveniles for a language which can realistically describe behavior in terms easily understandable to staff members at all levels. TA offers such a language, he said, giving examples of TA terms (Uproar, Kick Me, trading stamps) which can be used to record significant characteristics of juvenile offenders with a minimum of verbiage.

Edwards, who does outpatient therapy in Carmel, stated that "the kid comes to be cured of something the judge, the school, or his parents want him cured of." It would be a cop-out on the part of the therapist to go along with this; instead the therapist and the juvenile must work out their own contract on the basis of what is troubling him.

Stroking is the most important part of therapy with delinquents, she said, because they have been conditioned to look for and collect negative strokes. This is either because their parents were so withdrawn that the only way of getting atention was to get them angry enough to administer some form of punishment, or because positive strokes were conditional and thus too dangerous

to accept. These kids need recognition strokes with no strings attached. However, the timing of such strokes is important: they have spent so much time fighting off positive strokes that trust needs to be developed before these can be accepted. The experience of accepting positive strokes is what the juvenile offender needs most in therapy, above and beyond the gains achieved in specific problem areas.

Root, Sacramento County Probation Department, described a study being conducted at the Preston School of Industry in which TA was utilized for three reasons: (1) the need for a communication system between various levels of staff; (2) the need for training of personnel to keep them from setting up games; (3) to serve as the basis of a counseling system. In effect, the training gave line personnel permission to think and made them aware of the pressures on them to structure their time for their own protection, e.g. "look busy." Staff games operated not from a position of "I'm OK—you're OK," but rather with a message of "You're OK, provided your dorm doesn't get a fistful of demerits tomorrow."

Underwood, delinquency prevention consultant to the California Youth Authority, presented an incident involving several youths whose probation officer he was and several policemen who were trying to pick up one of the kids on unfounded charges. One of the policemen was also trying to get Underwood to join him in parental headshaking about "Ain't these kids awful—they take marijuana." Caught between two opposing sets of expectations (a frequent location for probation officers, the panel noted) he resolved the situation by giving the officer's Parent a stroke (spoken message: "Yes, marijuana is awful.") but retaining custody of the juvenile (unspoken message: "but these kids are OK.") The main goal in his use of TA with juveniles, he said, parallels this situation in that it is pitched to "How do you keep your cool" so that you don't set up more trouble for yourself.

PANEL III: ADDICTIONS

Claude Steiner, Ph.D., Chairman; James R. Allen, M.D., Patricia Crossman, A.C.W., Kenneth Everts, M.D., Robert Zechnich, M.D.

Steiner, Center for Special Problems, San Francisco, introduced the panel with a definition of addiction as a way of life, a script which certain people get into because it meets their needs. When a patient says, "I'm addicted — ain't it awful," Steiner hears this as a statement that the patient is being successful in what he wants to do. When addicts are viewed as people doing what they have decided to do, much that is otherwise puzzling in their behavior makes sense, he said.

Allen, Harvard Laboratory of Community Mental Health, described a study of the hippie movements he has been conducting in the Haight-Ashbury district (sponsored by the Department of Psychiatry, University of Oklahoma Medical School). He found a difference in drug patterns and scripts between those

defined as hippies and those he termed para-hippies. Members of the former group come largely from middle class backgrounds, tend to have had at least a few years of college, seem to form relatively stable relationships with other people and are able to ask for and accept positive strokes. They use drugs as "the current magic potion for changing from a frog to a prince" and appear to be primarily interested in accomplishing personal, psychological, or spiritual growth.

In contrast, the para-hippies tend to be of lower class origin and to have been loners or losers so consistently that they "prefer pills to people." They play "Kick Me" and are successful in getting negative strokes. They are more likely to take the drugs known as "speed" in an attempt to be stoned, with "freezing the mind" as their goal. Their interest, he said, is "not in ceasing to be a frog but in living in a more colorful swamp." Allen noted that until very recently alcohol has not been popular in the Haight-Ashbury district, and still is not with the hippies, largely because of its association with the "plastic people" of middle class culture out of which they have dropped.

In commenting upon Allen's presentation Steiner compared the taking of drugs which are addictive in the physiological sense with the mental or transactional sense in which one is an addict. "Don't think" is the basic injunction of all who take drugs, but it is also possible for someone to go on a binge of adrenalin which will freeze his mind as effectively as would a drug: he is in the "anger racket" and can't think.

Narcotics, alcoholism, and speed offer alternative life courses, Steiner said. Narcotics offer a "fulminating dramatic business"; alcoholism is a slow, dragging road to self-destruction; and speed, as its name implies, is a fast finish. All who take drugs are looking for mother's milk and their choice of drug is tied to their script life pattern. He also noted that the step from ingesting a drug orally to injecting it intravenously is only taken by someone with a tragic script.

Crossman, U.C. Berkeley Psychiatric Clinic, suggested that the basic injunction is not so much "Don't think" as "Can't think." In childhood, thinking was made virtually impossible by double messages from the parents with the result that the Professor (the Adult in the Child) can't make sense of the conflicting messages.

Zechnich, pediatrician and psychiatrist, said that there are two games involved: Alcoholic and Addict. While related to Alcoholic, Addict is more like Cops and Robbers in that the role of Informer is central in the game. The roles also rotate more freely with It, Connection, and Cop or Informer often operating interchangeably. The patient will patiently, predictably make attempts to involve the therapist in the game as Patsy ("Please, doctor, write me a prescription so I can feel better"), Rescuer who's "only trying to help," or Persecutor. He noted the despair felt by the patient when an invitation to a game is declined but indicated that this is very transitory. It is important that the therapist have no investment of his own in whether the patient takes a drug; he can offer moral support of technical know-how but as soon as he goes beyond Adult commitment there is trouble. The patient must become the sole decider and doer, the sole responsible agent.

Steiner supplemented Zechnich's statement about limiting the therapist's commitment to his Adult with the comment that the patient needs permission to give up the script, and the source of this permission, plus the subsequent protection, is the therapist's Parent. He also noted that Antabuse is an effective way of enforcing permission to stop drinking as well as checking out the patients who mean business.

Everts said that "drug people have P-A-C just like other people." They are playing a third degree game but are no harder to treat than other hard game players; in treating them it's important to look for the ancillary games.

Steiner presented a paper breaking down the game of Alcoholic into three forms. The existence of these variations clarifies some of the problems in treating alcoholics, he said, and explains why, for example, some alcoholics can't go to AA.

All games of Alcoholic are saying, "I'm not OK — you're OK, haha." The "haha" is the most important part of the statement because it reverses it into its true intent. This is seen most clearly at the time of payoff, namely the hangover, when the patient's statement really means "Look what miserable shape I have to get myself into before you bastards will do anything for me."

Steiner calls the first form of alcoholic "Drunk and Proud." It has three hands: It, Persecutor, and Patsy. There is usually no Rescuer. An agressive game, it is usually played by men who had learned that the only way to get back at mother is to make her mad. A man marries an overbearing woman who is right in every respect. He comes home drunk and she flies off the handle. Eventually he is dragged to the therapist by his wife. His pitch is "I'm blameless"; the therapist's response is "Yes, you are," because the only successful treatment will necessarily involve the wife who is usually not about to consider any change on her part.

The second form is "Lush", a depressive game typically played by a woman who is married to someone who can't give strokes. She only gets strokes from her husband when she is drunk and then only in his role as Persecutor or Rescuer. The use of barbituates and tranquillizers is frequently part of the pattern. Successful treatment can only occur by fixing up the marriage relationship, or by divorce.

The third form, called "Wino," has just two hands: It and Connection. Lack of time terminated the panel before Steiner could amplify his description beyond "it used to be a beautiful flower but it's dried up and gone to seed."

PANEL IV: MARATHONS

Robert L. Goulding, M.D., Chairman; William J. Collins, M.S.W., David Kupfer, Ph.D., and Benjamin Lewis, Ph.D.

Goulding defined a marathon as a method of group treatment extending over a sizable, continuous span of time, in the same location, with an intact group, conducted by a trained and qualified therapist.

Kupfer described marathons conducted jointly by Goulding and himself this way:

I. There is no selection of patients—it's first come, first served.

II. The goal is treatment, condensed and intensified.

III. Two time-plans have been tried. Under the first, the marathon started at midnight Friday, continued until about nine p.m. Saturday, included a sleeping period until six a.m. Sunday, and concluded at about four o'clock Sunday afternoon. Under the second, the marathon starts at eight p.m. Friday, with the first sleeping period running from about midnight to six a.m. Saturday, working until nine o'clock Saturday evening. The second sleeping period extends to six a.m. Sunday, and the marathon ends at four Sunday afternoon. Kupfer said he noted no difference in results under the two time plans.

IV. Frequent breaks are necessary, and their timing is important. Therapists need rest, some persons need pastimes, large-muscle exercise (preferably swimming) can be done, and patients who say they can't talk in group are asked to exchange a few words with others during breaks.

V. A sequence of events at a marathon might look this way:

A. The marathon opens slowly, with patients getting acquainted.

B. Therapists push for archaic transactions, usually anger.

C. Games are broken up, rather than analyzed.

D. Archaic feelings are let loose, usually happening domino-fashion.

E. Therapists give permission to change, to knock off the old ways, to live without the limits of the old injunction.

F. Therapists give prescriptions.

G. Therapists insist upon a closure ceremony, first requesting expression of resentments then a good-by ritual.

H. Marathon patients remain friends.

I. Patients are asked to send in a written follow-up within two weeks, on a voluntary basis.

Goulding emphasized the marathon contract: "What do you want to accomplish?" The therapeutic contract requires finding the impasse that blocks the cure and breaking through the impasse.

Kupfer, asked to describe training for marathon-conducting, suggested that a therapist should have a good working knowledge of psychopathology, psychoanalytic training, TA training, should have been a patient in at least one marathon, and should not try to put anything over any patient at any marathon.

Collins reported that his marathons show a predictable cyclical development, with these steps:

I. Early resistance phase: "You can't ask me . . ."

II. Contract phase: contracts are written and posted on the wall.

III. Pastime phase: Greenhouse or Psychiatry—psychoanalytic type.

IV. Sad phase: Poor Little Me, or I'm Sicker than You.

V. Intimacy experiment and work phase. Collins said he stroked his patients for "taking the hot seat" and not for "playing it cool."

VI. Loose ends phase: closing ceremony.

Floor discussions indicated that rates for marathons are set to provide the same ratio as regular fees; no observers are accepted; 12 persons seems to be the

maximum group for effective work; and that marathons are the fastest way to get patients well — permission to be OK can be found, accepted, and acted upon at a marathon.

PANEL V: TA IN CORRECTIONAL INSTITUTIONS

Joseph Cancannon, M.S.W., Chairman; Richard Bailey, B.A., Viola Callaghan, M.S.W., John Prusmack, M.D., Robert Zechnich, M.D.

Bailey, Soledad Correctional Facility, described a correctional institution as "where people are sent when no one knows what else to do with them." One of the big treatment problems in such a setting is that "it's where non-OK people are—and staff members fall in this category too." These latter are Parents, he said, but with a confused Child that has escaped into an authority role.

Treatment takes place in large groups and TA is used to focus on the kinds of transactions taking place in the here and now. This makes it harder for the inmates to withdraw from what's going on and also serves as a stimulus to look at their own games and to seek out small group treatment. The leader has to give permission to be OK; the inmates will not accept this and will do all sorts of things to prove that they are not OK. Treatment needs to focus on strengthening the Adult to withstand pressures from the Parentally-oriented inmate culture. As would be expected, protection in the TA sense is the weakest part of therapy in a correctional institution.

Concannon, U.S. Naval Hospital, Oakland, noted that in prison it is usually the psychopaths who assume leadership, but in groups such as Bailey was describing it becomes evident that such a person's Child is in control. This makes it easier for the other inmates to spot and deal with him, he said.

Prusmack, V.A. Hospital, Palo Alto, stated that a mental hospital is much like a correctional institution in that its population is not OK. "It has been pointed out to them over and over that they are not OK". This is particularly true of non-voluntary, long-term, chronic mental patients: "We say we admit them to 'treat' them, but really it's to remove their inappropriate behavior from society." This situation is compounded in VA hospitals, he said, where these patients are paid to be sick.

Prusmack described a hospital program in which the nursing staff was instructed in TA to get them to shift from a surrogate Parent to an Adult role. The overall goal was to try to change patients' inappropriate Child behavior (annoying, apathetic, or destructive) into what he termed responsible Adult behavior so that they could carry out routine tasks of daily living. He also described a system of token awards and fines which was instituted at the same time to motivate compliance with hospital schedules and rules about housekeeping and punctuality.

Callaghan, the first woman at Vacaville State Prison (an adult male facility), conducts two kinds of groups utilizing TA. One is intensive therapy in the maximum section with not more than eight group members. The other groups are held in the reception-guidance center for men not yet attached to any prison, and the size of these groups ranges from four to 40. In these groups

Callaghan said a didactic introduction to Structural Analysis leads to "Yes But," so she waits to introduce TA concepts until she can spot elements of "Hide and Seek" in the conversation. At this point she shows the moves in the game; this really hooks their interest in learning more.

Callaghan noted that while a woman in an all-male correctional institution needs to be aware of the fact that she can promote a castrating game, there can be such great value to inmates in a woman's message of OK-ness that more women might well consider this kind of employment.

Zechnich outlined the reasons why it is virtually impossible to do good therapy in a prison. He listed the conditions for good therapy as a confidential relationship on which the patient can depend; non-involvement of the therapist in the patient's life outside of therapy; lack of a third party in the therapist-patient relationship; voluntary status of patient who should want to change things about his behavior; and a life situation outside therapy which offers potential satisfactions for the patient. In contrast, the therapist in a prison setting is an agent of the state rather than of the patient and he must report regularly to the Adult Authority which decides how long the inmate will be confined.

"You can get a valid contract only after you convert the situation into one more closely resembling private theapy," Zechnich said. The panel agreed that while it *is* possible to do effective therapy in prison, to deny or overlook the difficulties means that "you're playing games with the administration and yourself."

PANEL VI: TRAINING TA THERAPISTS

David Kupfer, Ph.D., Chairman; Kenneth Everts, M.D., W. Ray Poindexter, M.D.

Everts, who with Claude Steiner is co-director of the Berkeley TA Institute, described their use of training groups. Patients come in at reduced rates as a compensation for being under observation. The observers are professional people who have completed the 101 course and who intend to lead groups. Steiner and Everts alternate as group leader and observer. After the first hour the "inner" (patient) and "outer" (observer) circles changes places for a clinical conference. This procedure is so good for the patients as well as the observers, Everts said, that he would like to run all groups this way. The institute also offers more intensive group training sessions to which people leading groups can bring in problems; these are in addition to the regular TA seminar.

Poindexter, of the North Bay Cities Institute for TA, showed transparencies listing the number of people in various categories who had taken his 101 layman's course and showing how he manages to have 64 patients in therapy at one time while using only two hours of his time. To make this possible, experienced group members serve as auxiliary leaders; he suggested that these people constitute a valuable pool of future therapists.

Kupfer, who with Robert Goulding is co-director of the Carmel Institute for TA, outlined the mechanics and dynamics of their program. They offer an eight week training course during which trainees sit in on all groups conducted

by Goulding, Kupfer, and Mary Edwards. This offers 15 to 16 groups a week. In addition, there are between six and eight hours a week of supervision with training groups whose members pay a $1 fee per session. All trainees attend a marathon as participants at the end of training.

As for dynamics, Kupfer noted that most trainees arrive with a blank face and wearing a sweatshirt which says, "I know nothing. Gee, you're wonderful, Mr. Murgatroyd." Their Parent is saying, "Remember you're a peasant," and they need some left-handed therapy to knock off the Parent so that they can feel better and better about themselves. When they first take over groups they are very anxious, frequently failing to intervene when appropriate, and shifting what they want to say either to a Parent or to an anxious Child (Would you mind please telling me what you have on your mind?"). The first job then is to turn them into people, to give them permission to think, to be people, to be therapists. The other part of the job is to impart pointers of a technical nature such as when to intervene; for the latter to approach is mostly negative, stressing mistakes of omission and commission.

Discussion among the panelists and from the floor concerned the following points: some people just don't qualify as therapists so there is a need to be directive about the setting in which they should use their training; since follow-up for at least a year is important, it is necessary that an institute be prepared to continue supervision of graduates by the use of tapes; the resistance to TA often encountered among traditional psychiatrists may be because they feel acceptance of TA means they have to give up everything they previously learned —this could be offset by presenting TA as an extension of what they already know instead of as a replacement or negation.

PANEL VII: ADVANCES IN GROUP THERAPY

Stephen B. Karpman, M.D., Chairman; Robert L. Goulding, M.D., Thomas A. Harris, M.D., and Solon D. Samuels, M.D.

Practical advances in procedures of TA group treatment reported by the members of the panel were discussed under these headings:

I. Interventions. Goulding said that rather than "sit around and wait for patients to cure themselves," TA therapists are increasing the frequency of therapeutic interventions, picking up patients' communications rapidly. Ego boundaries can be strengthened in seconds. Goulding gave two illustrations:

A. When a patient uses a second-person pronoun to refer to himself, he is listening to the old Parental injunctions: "You should or "You must." An important intervention is "Who is 'you'?"

B. When a patient expresses a judgment in a passive-voice verb construction, he is presenting an opportunity to sort out some strokes: "It was great!" is an opportunity for the "You are great! (You are OK)" stroke. "It was awful!" is an opportunity for the "Who says so?" sort. The passive voice covers a conflict.

C. From the floor, Melvin Boyce said he classifies ego states and statements this way:

1. The Parent cannot construct a simple, factual declarative sentence; he adds a qualifying phrase or clause that introduces ambiguity rather than clarity: "It is time for dinner, unless . . ."

2. The Adult speaks in direct, observable and verifiable sentences.

3. The Child tends to be indirect, off the point, rebutting: Yes, but . . . . . ."

D. Goulding said he intervenes when he has a relevant Child fantasy concerning happenings in the group, reporting the fantasy with his Adult. Claude Steiner called this an important advance in therapeutic interventions.

E. Mary Edwards said the expression "I have an Adult question!" masks the Parent, who in turn may be masking the Child. The Adult will merely ask the question, without the extraneous expression.

II. Analysis of Decision-Positions. Harris reported that the "I'm not-OK" position might be founded upon the Child's perception of the leadership line drawn between himself and his father and mother with the family seen as a group: "the big people on the far side of the line can do things and I can't; I'm not-OK." (See abstract of Harris' paper "What Is 'OK'?" elsewhere in this summary of the conference.)

Gordon Haiberg and John Dusay related the Child's choice of positions to the family-culture-sentence-completion: "In our family, when things get tough we _____." (Complete the sentence with your choice: cry, sulk, drink, feel depressed, get mad, run away, etc.) Dusay said a TA group can be seen as a combination of family cultures, with certain transactions touching off a "typical family" response: "In our family we have to _____." Some interesting therapeutic questions are: "Who says you have to?" and "What will happen if you don't?"

Harris and Haiberg saw TA treatment as a chance to give each patient permission to reconstruct his personality. The patient's functioning Adult can put together a rational basis for living his life. Presented with a desk lamp, for example, he need not reject it just because the established Parent thinks it's junk ("Nowadays they don't make things like they used to."), nor be disappointed in it just because the Child wants a magic lamp ("So where's the genie?"); he can use it appropriately to light up his desk. "When the outside world knocks," Harris asked, "who opens the door?"

III. Bringing TA to Larger Audiences. Samuels reported presenting a series of lectures on TA to prospective parents. The classroom presentation-and-discussion sessions make TA techniques available to many more persons than is possible in a therapy group. Audience members are asked not to talk theoretically, but are encouraged instead to talk about themselves. Samuels said he draws his examples of TA principles from what goes on in the classroom.

In the floor discussion, Eric Berne suggested that group treatment per se requires small groups, with eight patients as a practical maximum; larger audiences get potentially useful information rather than group treatment. Berne also discussed the importance of timing counter-injunctions for therapeutic effectiveness: the unfinished business of childhood has to get worked out first; then the patient is ready to listen with his Adult and to respect the Adult of the therapist.

CLINICAL PAPERS

GESTALT THERAPY AND TA

Frederick Perls, M.D., Ph.D. *Discussant: Claude Steiner, Ph.D.*

" I am not in this world to live up to your expectations, nor are you here to live up to mine. This means there are many frustrations in life." Thus Perls opened his informal outline of Gestalt therapy.

Starting with the infant who is completely dependent upon his environment, Perls described "impasse," the critical moment in every therapy, in every marriage, in every inner conflict, when environmental support is not forthcoming. This situation is so painful that people, including therapists, do everything possible to avoid it, even though it can be the source of growth which Perls defined as the shift from environmental support to self support.

Instead, when the frustration is so great that the child thinks he cannot cope with it he begins role-playing and develops what Perls calls "character." He may become a good boy to bribe the environment, a bully in an attempt to dominate it, or he may learn techniques to make the people around him feel guilty so that they are blackmailed into being manipulated.

"We have to reverse the process, to get rid of the role-playing part of the character, to mobilize the self-supporting potential of our patients." To be creative means to "stay in the now and what is available; staying in the roles is a cliché way of living."

Perls described the "implosive layer," the area where we contract and get rigid, as in a catatonic state. Noting that this is what Freud called the death instinct, Perls characterized Freud as "a very sick, phobic man who never got in touch with life," who had his patients lie on a couch so that they couldn't see, thus protecting himself from any contact except that on the verbal level, and whose "symptom has become the trademark of psychiatry."

At a certain point implosion turns around and becomes "explosion." The basic kinds of explosion a person needs to be able to experience are love, sex, anger, grief, and joy, he said; and the ability to explode out of the implosive area is a prerequisite of becoming "authentic." This is as important as the shift from environmental to self control. Perls views the emotions as the center of life, pointing out that in these terms most people are living up to only a small percentage of their potential.

Two volunteers from the audience participated in brief demonstrations which involved the acting out of various roles in dreams or fantasies. In this connection Perls referred to work being done at Mendocino State Hospital on the thesis that schizophrenics have "holes in their personalities." He said these holes are present in all of us; some have no ears—"they talk, talk, talk, but don't listen." Others have "no legs to stand on, no heart, no confidence, no genitals." These holes are artificially filled with a computer or thinking machine which is why "in Gestalt we say, 'Lose your mind and come to your senses.' " In the case of one of the volunteers, Perls said she had no eyes and, therefore, had projected eyes outside of herself so that she constantly felt as if she were being seen and judged.

Claude Steiner, as discussant, outlined some of the points of resemblance between Gestalt therapy and Transactional Analysis and summarized the concepts of potency, permission, and protection, noting that Perls implicitly or explicitly expresses all three to his patients.

GROUP TREATMENT FOR ALCOHOLICS

J. Edward Olivier, M.D., and K. Hedges Capers, B.D.
Discussant: Viola Callaghan, M.A.

Olivier briefly reviewed his experiences treating alcoholism, and gave a 20-week report on a day-patient group now being conducted by Capers and himself at a San Diego hospital.

Olivier said he had had no success with psychoanalytic group treatment, and could claim only moderate success using antabuse and hospitalization. He and Capers are now using TA, offering antabuse on a voluntary basis.

Group members have been hospitalized from 6 to 37 times each for alcoholism; arrests for felony drunk driving, disorderly conduct, and similar charges varied from a few to a lot, with one member showing a rap sheet 130 items long. None of the members is currently hospitalized; all are treated on a day-patient basis.

Olivier played excerpts from the tapes of early sessions, showing gallows transactions and positions. These can be summarized with the sentence: "I drink to prove I'm no good." The many-handed nature of the Alcoholic game was indicated by frequent references to absent players: "My brother thinks if it weren't for me he'd be Governor," etc.

Excerpts from later tapes showed members less willing to laugh at reports of self-destructive behavior; listeners heard that fantasies of Mommy's "crazy Child's" disapproval need no longer enjoin thinking and responsible behavior by a patient.

Olivier defined alcoholics as Child-programmed drinkers, social drinkers as Adult-programmed. He holds out social drinking as a possibility, noting that follow-ups by Goulding and Steiner show that social drinking by "cured Alcoholics" is just as possible as for any other person who is not playing Alcoholic, wet or dry version.

WHAT IS "OK"?

Thomas Harris, M.D. *Discussant: John Dusay, M.D.*

In a philosophical development of a controversial view, Harris presented the proposition that every infant takes an "I'm not-OK" position early in life, that a patient who seeks treatment feels "not-OK," and that the TA cure is an affirmation through experience of a rationally-chosen "I'm OK and you're OK, too" position.

Dusay and others offered the orthodox TA view that each infant starts out as a prince, with the "OK-OK" position, and that some patients get to think some

or all people are frogs because their Parents tell them so and they play games that "prove" it. TA treatment gives a patient permission to disregard this Parental instruction and pick up again his career as a prince.

Harris developed his proposition this way:

1. Between conception and biological birth, symbiotic intimacy with the mother is experienced.

2. At biological birth, an infant gets thrown out of his nice home, under torture, and experiences autistic separation. "If I'm OK, how come I got thrown out?"

3. Psychological birth occurs with stroking. As the infant begins to pick up the family culture he learns "what makes Mommy smile." Most of the time, Harris said, Mommy's Child smiles at "not-OK" stuff. (See Crossman, TAB 6: 72, July 1967).

4. The family culture occasions social birth, and the Child learns under Parental instruction what games to play and what color of stamps to collect.

5. At all times, the Child is aware of the leadership line that separates him from "the big people who can do things" in the family group. It is he who needs rescuing, for example, and he often sees Mommy's rescue operations as conditional. People on the Child's side of the leadership line are frogs. The family culture as seen by the Child determines whether the people on the other side are also frogs. But so long as the Child persists in perceiving the line, he cannot accept the "OK-OK" position. The vicissitudes of rescue operations tend to keep the line before the Child.

6. Experience of intimacy (with mother) may foster fear of loss of intimacy; the Child says "I'd better settle for second-best and play games. I'm not-OK."

7. The positions involving any quantity of "not-OK" are pre-Adult, felt rather than thought-out decisions.

8. If the "OK-OK" position is to be taken, the individual must think it out and record experiences of "OK-ness." Eventually he arrives at the syllogism: "All persons are important (OK). You and I are persons. Therefore you and I are important (OK)." Harris said the rational acceptance of this syllogism requires good thinking and much empirical testing of the hypothesis expressed in its major premise.

Dennis Marks supported Harris' proposition by reporting infant behavior in a hospital for mentally-retarded children: "Each of these children somehow believes he is not-OK."

Dusay complimented Harris on the philosophical significance of his paper. Floor discussion in the room and thereafter produced a possible synthesis of Harris' proposition and the orthodox TA world-view. This synthesis might be summarized this way:

There is at some time or other the basic human feeling of "OK-ness." Whether this is in the womb, or while experiencing stroking with mother, or in the common experience of human growth, all of us feel OK sometime. No matter how much Parental ambiguity there is, we also know that OK is the way

to feel. All decisions settling for less than OK, whenever taken, are revisible. Regardless of when or how a prince's career was interrupted, he can pick it up again when his Adult chooses to do so.

LEAVING YOUR MARK

Franklin Ernst, M.D. *Discussant: Gordon Gritter, M.D.*

Ernst's patients are encouraged to make a mark on his office wall with chalk or Crayola. Some are very disturbed at the thought; others are reluctant to make a mark until he makes one in their presence; some refuse and weeks later ask to do so; some make anxious comments at almost every visit; some sneak in and make a mark when no one is looking; some add to their drawings from time to time. These reactions offer an added means of studying the patient's P-A-C, Ernst said, emphasizing that the transactions, not the drawings are analyzed.

Making a mark not only evokes Parental pressures about defacing property but also violates Parental injunctions to "Be Mr. or Mrs. Anonymous — don't give yourself away." After a patient has made a mark his pre-decision Child is more accessible, according to Ernst. He linked the act of making a mark with ambition and script, describing it as "an existential statement of self."

Ernst noted the reduction in vandalism at several schools coincidental with authorized marking and decorating of walls and buildings. He also suggested that part of the recent patterns of riots might be linked with the opportunity they offered submerged portions of population to make some sort of mark.

THE UNSTROKED CHILD

A motion picture presented by John R. Cooper, Ph.D.
Discussants: Robert L. Goulding, M.D. and David Kupfer, Ph.D.

Produced at a Chicago hospital, the motion picture showed a two-year-old girl reported to be "not thriving." Physical diagnosis indicated no direct evidence of organic illness; notations were "autistic, mentally-retarded child, not using growth hormones, underweight, uninterested, does not stand, crawl, or babble." The girl's mother is reported to have said "I can't stand this kid," and to have abandoned her.

Opening sequences showed the little girl, skinny, rather empty-eyed, rocking back-and-forth on her haunches in a crib. A "substitute mother" was provided to stroke the little girl. After eight weeks of strokes, the patient crawls, welcomes her mother-substitute, babbles and walks, holding her stroker's hand. She has gained weight, and knows how to laugh and to stroke back.

Vignettes from clinical practice were offered in the discussion by Goulding and Kupfer. Goulding reported that a 16-year-old girl weighing 60 pounds was refusing to eat, and, having been diagnosed as psychotic, was brought to him for treatment by her father. "Sit on your father's lap," said Goulding. The girl shrank back; so did her father. Goulding insisted: "Start stroking." The girl gained 12 pounds in two weeks and is not psychotic.

Kupfer reported that a seven-year-old girl refused strokes from her mother, who stroked her anyway despite protestations. After several weeks, the girl embraced her mother and said: "Thanks for making me be human again."

In the general discussion, Berne said the vignettes in the movie and the discussion illustrate Spitz's Law, which might be expressed as: "Unstroked children may get shrivelled spinal cords." The message of the movie is: "When stroked, people thrive."

TEN COMMANDMENTS ON HOW TO TEACH YOUR CHILD TO PLAY STUPID

Gloria K. Bush, M.A. *Discussants: Melvin Boyce, B.S.*

Bush's paper, the discussion by Melvin Boyce, and comments by Judy Kupfer and John Cooper indicated ways for distinguishing thought-out maneuvers from ulterior moves in a game, and for noting some ambiguous overlaps between the "You're OK but I'm not" and the "I'm OK but you're not" positions.

Bush's ten commandments are: Thou shalt be overprotective and overindulgent of the young child — act and speak for him; cause guilt feelings; teach lack of confidence; be repetitious and inane in instructions; finish the child's tacks; deny approval, both verbal and non-verbal; always be critical; never allow the child to live up to expectations; blame others for not understanding the child; and confuse the child's Adult.

Bush described critical transactions involving patients who had been subjected to these attitudes. The patients acted as if they were incapable of understanding Parental people, who always seemed to be saying "Why Don't You. . ." the patients responding with maneuvers similar to "Yes, but . . ." One typical response was: "All right, I'm dumb; but if I'm dumb, what does that make you?"

Judy Kupfer noted that these critical transactions do not in and of themselves constitute moves in a game; they sound like maneuvers.

Boyce noted that the pseudo-payoff line might sound like "You're OK and I'm not, ha, ha, ha!" different from the standard depressive position and closer to the standard paranoid position.

Cooper saw the transactions like this: Mommy's Child enjoins with "Don't think." The patient learns to make Mommy's Child smile with precocious-sounding gobbledygook, and says "How'm I doing?" This gobbledygook takes the place of thinking things out and seeing what's going on. The patient's transactions "convince" some Parental people that he's dumb, other Parental people and himself that he's "bright" or precocious. In either event, the "self" shown here is the complaint or defiant Child, overly sensitive to Parental influences, following the injunction, "proving" that people can't think.

TA IN THEOLOGY

Muriel James, Ed.D. *Discussant: Kenneth Everts, M.D.*

Structural Analysis can be introduced in the first 15 minutes of a pastoral counseling interview, James said, and with the use of this as a tool the counselee

can gain a sense of autonomy within three to eight sessions. She feels that many therapists present games too soon and that with more time spent on P-A-C at the beginning a person can learn *why* rather than just *what* he is playing. Furthermore, if a discussion of games is postponed until the patient is feeling secure he is less likely to feel attacked, she said.

Many people seeking pastoral counseling suffer from a sense of guilt and this makes Structural Analysis particularly valuable because it offers "built-in protection" that only part of the self is involved in any deed. By sorting out the ego states the person learns to forgive himself.

Since a Santa Claus God or a wrathful punishing father is incorporated into many people's concept of religion, all theological questions need to be approached in terms of "What does each of your ego states think about this?" She differentiated between childishness and childlikeness, pointing out that the latter can include a deeply religious feeling about life, akin to the natural Child's "Wow," or sense of wonder.

The pastoral counselor, she said, must know his own ego states, establish clear contracts with counselees, be willing to refer those whose problems exceed his sphere of competence to more specialized assistance, and seek out adequate supervision.

Discussant Kenneth Everts commented on the real gains James achieves by limiting her attention to structure in contrast to most TA therapy today which is moving increasingly toward early introduction of script analysis. He suggested that the difference in approach might be at least partially due to the fact that she sees patients on an individual basis only rather than in groups where games come immediately into focus.

Discussion from the floor raised questions about guilt: whether there is not such a thing as "authentic guilt" whose validity is acknowledged by the Adult rather than just imposed by the Parent; whether a person can feel guilt as a human being involved in the dehumanizing acts of society without necessarily being in the "guilt racket." The discussion concluded with the hope expressed by various ministers that Berne would at some future time deal with such questions. Berne asked in return that the clergymen present more data about "shared religious experience": whether this should be included as a social method of structuring time in addition to its other attributes.

These abstracts were written by Mrs. Bradford Parker and Russell Bomberger, Ph.D., of Monterey, California.

* * *

A THOUGHT FOR FALL

"Science can only advance on the graves of our most cherished beliefs and theories." —I. P. PAVLOV

(Sorry, we goofed on our thought for summer; it was a misprinted repetition of our thought for last spring.)

June 16. David Edwards: "Early Contracts." (Tape)

At the beginning of her first group meeting Marilyn started to play "Poor Little Me", and with other stimuli presented herself as being in the "inadequacy racket". Gary responded to her from his Parent with assurances like "Lean on Big Daddy".

Edwards and Goulding both noted that the Parent-Child contract was being made in this first transaction between Gary and Marilyn. Several members of the Seminar again stressed the importance of observing "What's going on in the room" rather than content, especially applicable to early contracts.

July 7. Morris Haimowitz: "Dispelling Doubt." (Tape)

Haimowitz, a trainee, presented the third meeting of a training group. He stopped the tape from time to time and reported that he had felt unsure of his next steps and invited the help of the Seminar members.

Kupfer pointed out that therapists have various methods and techniques to sort out their own feelings in order to remain effective in the group. He related some procedures from his own experience. "A good therapist looks over his group at the beginning of the session and reviews his therapeutic plan for each patient for that session. When he has an opportunity for effective use of part of that plan he works briskly without doubts. In any other areas he relies on his clinical Adult by testing hypotheses which may come from the intuitive Child or the observing Adult." Other Seminar members discussed the importance of sorting out their own fantasies, especially about patients' fragility and rackets.

July 14. Script Roundtable.

An open discussion of scripts followed Claude Steiner's checklist (TAB 6:22-38), and after minor amounts of "Yes, but" played against the article, focused on two questions: 1) Does the "Professor" have alternative choices in his script? 2) What effect does stroking have on script-revising? Goulding felt that the intensity with which the Child obeys the Parental injunction is related to stroking deprivation.

August 4. Robert L. Goulding and David Kupfer: "Who is 'We'?" (Tape)

Trainee therapists frequently use the word "we" in groups when they mean "I". This has several ramifications:

1) The "Leadership-blurring We". Using "we" for the group therapist blurs the boundary between the leader and the group members. Instead of being the decisive therapeutic leader, the therapist may see himself or be seen by the patients as "one of the guys". This diminishes the therapist's effectiveness.

2) The "Collective-therapist We". Here, "we" refers to "We, the people of TA, who have a unified therapeutic view." This use of "we" is a potentially effective one, especially in defining useful words like game and racket.

3) The "P-A-C—therapist We". Here, the therapist may feel himself divided by conflicting feelings between his Parent, Adult and Child. For example, "My Parent thinks you're wrong in cheating your wife in such a manner; my Adult wants to analyze it while my Child agrees with you."

Such contradictory feelings may be of value for a therapist in learning about himself; however, when sitting in a group the therapist must resolve such conflicts in the shortest possible time and present a statement of maximum therapeutic value. In this statement he will say "I" rather than "we".

August 25. James Allen:"Indiscriminate Use of Psychedelic Drugs"

Reporting on his summer's study of the hippies of Haight-Ashbury, (TAB 6:85, October 1967), Allen contrasted them with the parahippies who are largely supplanting them there.

The hippie he found to be gentle, very accepting and very loving — one who, despite a varying degree of paranoia, says, "I'm okay, you're okay — I do my thing and you do yours . . ." He generally uses drugs at least temporarily in a search for mystical experiences, and has a genuine concern for economic change or social reform. A phrase attributed to one known as the White Rabbit suggests their self image: "We are the children our parents warned us about."

The parahippies and the "motorcycle types" are moving in on the hippies, attracted by the availability of drugs and the "myth" of free sex. They effect hippie dress and manners but are largely runaways or parent "pushaways" from lower social classes, interested in drugs primarily "just to be stoned." Allen foresees Haight-Ashbury under their influence becoming "a vast chemical grounds" for rapidly increasing traffic and experiment in drugs.

He predicted the hippie movement will spread, however, and that there will be many more such groups across the country. To what extent depends on how our culture reacts to them and how it tries to stamp them out.

September 1. John Cooper: "Counter-injunctions." (Tape)

Before his final (5th) meeting with a group, Cooper, a trainee, was instructed by his supervisors, Kupfer and Goulding, to do the following: a) do everything that makes therapeutic sense for every patient regardless of what he learned in school; b) isolate a single speech or behavior pattern for each patient and prescribe a change.

Marlon, who mumbled, was instructed several times "Speak up so we can hear you". Camille, who let people know that she felt badly by sighing, was instructed to verbalize these bad feelings. Gregory, who was under a Parental injunction "Don't think" was told repeatedly "Think!".

Kupfer, Goulding, Cooper and the Seminar members agreed that a therapeutic counter-injunction is most likely to be successful when the therapist's P-A-C agree on the counter-injunction. It is also necessary for the patient at this moment to be in an Adult ego state and for his Child to be a non-defensive listener.

September 15. Verne Wilson: "Closure". (Tape)

Wilson was teaching TA in pastoral counseling to a ministerial group at a church-sponsored retreat. As part of the teaching, he conducted a TA group treatment session, demonstrating TA techniques. Because this was a single-session group, Wilson said he was hesitant in cutting into pathological behavior, and, once engaged in transactions, was not satisfied with his ability to close them effectively. He asked the Seminar "When does a good therapist cut?"

Kupfer answered for the Seminar: "An effective theapist cuts when an operation is necessary, when he has the appropriate medication, and the 'surgical' skill to close the incision before the end of the meeting." Then he also pointed out that when a number of transactions end in some individual feeling badly, which happened in Wilson's group, chances are high that games were played and brown stamps collected in the payoff.

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINAR

July 11. Viola Callaghan: "Supervision by Tape."

Callaghan presented a tape from a supervisee in Chicago. In the first half, the therapist summarized the history and games of the mother, one of three family members in treatment; this sounded concise and crisp. In contrast, the session with the mother which followed on the same tape was dull, repetitious and uninteresting. Since the therapist was a candidate for Clinical Membership, the Seminar discussed his possible motives in sending such a tape.

August 1. Muriel James: "One Session Cure for Frightened Exam Takers."

September 5 Muriel James: "Teaching T.A. to Children." (Tape)

James presented a tape of a schizophrenic divorced woman who had been in treatment for nine months and had recently brought in her three daughters (ages 8, 10, and 13) for family therapy. The therapist's initial question to each family member was: "Where do you think the hurt or pain is in your family?" The answers revealed basic positions and favorite games of each person and their contracts were established. The initial question had so speeded up the counseling process that by the second session (recorded on this tape) it was possible to focus on trading stamps—a concept rapidly grasped by the children.

Jealousy, hurt, frustration and "get even" stamps were identified as their most popular collections. Second order structural analysis was introduced in simplified form and the children were able to compare their stamps with those of their mother and sadistic grandmother who had lived with them for many years. Using the concept of gold stamps, James gave the children permission to be different than their witch grandmother.

September 5. Pat Crossman: "Forced Agreement."

Crossman discussed the use of ulterior transactions in the rearing of children as a way of controlling behavior by apparently "persuasive" means. The example was given "You don't really want to play monopoly this time of night do you?" A statement is made and question then asked, both apparently about reality. The catch is that there is only one acceptable answer to the question—agreement with the statement. The transaction between grown-up and child appears to be Adult to Adult, and may be accompanied by a smile, but it is experienced by the child as Parent to Child. The child is intimidated into agreeing with the statement, thus denying his own feelings and thoughts about the matter. Crossman suggested that this is one way by which the Adapted Child becomes separated from the Natural Child, and also that this method of child control is used by mothers and fathers who are unable to use their Parent openly.

September 12. Claude Steiner, Ursula Steiner, and Pat Crossman: "Who Should Touch Patients?"

If patients need touching and stroking, they should be referred to "Movement Classes" and dancing classes. The therapist impairs his function both internally and externally by gratifying such needs himself.

CLINICAL NOTES

A Family Game of Uproar

David Kupfer, Ph.D.

Mrs. X, a divorcee, has a 16 year old daughter. Mrs. X's mother lives several hundred miles away and visits occasionally. She also visits Mrs. X's husband without Mrs. X's knowledge. Mrs. X's ex-husband plays second and third degree games with his ex-wife.

One day grandmother whispered sotte voce to the 16 year old girl within earshot of Mrs. X: "I have a secret message for you from your father." After this transaction was completed Mrs. X first fought with daughter about "listening" to grandmother's "secret" messages. Then she fought with her mother for carrying secret messages. Later the 16 year old girl fought with grandma for having started all the trouble.

Payoffs: Grandmother stayed in her room with a "sick headache", then packed her bags and left prematurely. Mother cashed in her brown stamps by not coming to her group session and stayed in her room feeling sorry for herself. Daughter felt angry and guilty and "ran away" for the rest of the day.

GRADUATE SCHOOL GAMES

Joen Fagan, Ph.D.

Most children and many adults spend considerable time in educational institutions, but considering the scope and importance of the educational process, there has been very little interest in and exploration of the games endemic to academia.

Theoretically, education involves Adult-Adult transactions with the teacher saying, "This information is important and useful," and the student responding, "I'm storing it in my computer." However, this makes a large number of Parent-Child or crossed transactions, the extent of these being revealed by the number of drop-outs and failures and the nature of the educational structure.

Graduate school as a sub-section of the educational enterprise generally fosters Parent-Adolescent interaction on the part of professors and graduate students. Most graduate students live on a relatively meager stipend (allowance) provided by the department or a professor's research project and in return help keep the house running by providing various low level services. Any involvement outside the department that would make for greater financial or personal independence is discouraged. Students are expected to act like responsible adults; yet still defer to the professors' superior judgment and wisdom. The professor overtly communicates to the student, "Grow up and get wise," but this may hide messages that say, "But if you end up different from me, you're wrong," or "But if you do, I'll zap you for showing me up," or "But if you do, I'll make you feel guilty for leaving me behind." As a result, graduate students often feel perplexed about how smart to be, what to do if they either do or don't know more than the professor, whether they are supposed to do it their way or his, and whether they are actually supposed to finish their degrees and leave. This atmosphere powerfully supports games involving hanging on and phobic avoidance of the outside world.

About 15 graduate students were enrolled in a required course that had a carefully nurtured reputation for being hard. Initially, the entire class did poorly, this being supported by extensive "Ain't It Awful", with "Stupid" and "If It Weren't For the Impossible Professor" developing quickly. These were further supported by "See How Hard I'm Trying", with the students spending several minutes over the course of an evening half-heartedly poking around in the assigned material, followed the next day by supporting each other in a common pastime of "I Studied All Night and Still Couldn't". The game as a class project was finally broken up by the fact that a few students, either isolated or concerned with their own survival, stopped playing, and some others also extricated themselves when the game was pointed out to them. If the class had been able to maintain the game en masse, then the Payoff would have been for the entire graduate faculty to have become involved in punitive action towards class members, or in blame and isolation of the professor, or both. For this kind of "Stupid" the collusion of the whole class is required, since lone players can easily be flunked. To sustain a really hard game, a third role is probably necessary to supplement the demanding Father and compliant Child,

Continued on page 107

SPURIOUS AND AUTHENTIC STROKING

by K. Hedges Capers, B.D.

Praise/criticism is sometimes substituted for stroking. Stroking is healing, but this substitute does not heal because it is either a ritual or a game. Stroking is a procedure. When a therapist says "You're a competent man" or "That was a good approach to the problem" and he evokes defensiveness, the same kind of defensiveness that is evoked by negative criticism, it is "praise/criticism." The patient may have invited it. Possibly he has come in to the office feeling defensive, and the therapist praises/criticizes. The patient then responds "Oh, you're just saying that" or "It was just luck" or a child-like toe digging, "Oh, garsh." Whenever "stroking" gets an "I'm no good" response, whether it has been positive or negative, it has in it a judgmental quality and is not stroking. The therapist may use what he calls "sroking" to take care of the time, lacking the energy, interest or imagination to come up with something more sensitive. He may use it to gain and/or maintain status or distance between himself and his patient (It is acceptable for my Admiral to tell me that I am doing a good job; it would be "improper," however, for me to tell him that he is doing a good job). He praises/criticizes me to maintain his position and to keep me in my place. The typical medical/clergy position (I'm OK—the patient/parishioner is not OK) maintains the doctor/clergyman's higher position. Reaction to such praise/criticism is oftentimes defensive, and it is not enabling.

Stroking has an additional ingredient in it such as "You are a competent man because . . ." or "That was a good approach to the problem because it shows you are beginning to put your Adult in control" and it invites a response which is not defensive.

The therapist's stroking is heard by the patient's Child. When the therapist's nurturing Parent strokes, the patient gets well; but Parental "praise" more often than not hooks the Child in an alienating way. Adult stroking is heard by the patient's Adult, but the patient's Child is also listening and this too is healing. There is also "Child stroking." If the Child in the therapist is healthy, then he is freer to stroke. His natural Child who "knows" that he is OK can stroke very effectively. When the natural Child does the stroking, he does so wholeheartedly and with abandon: "Wow! That was a *great* piece of work (music, art, speech, therapy, etc.)!" There is no desire to impress, manipulate, control or reprimand "nicely." Child stroking is a straightforward, genuine expression of sharing in the good fortune of another; but if the Child in the therapist feels that he is not OK, then the therapist had best always have his Adult in control when he strokes. His own need for stroking will be so overwhelming that his Child will praise in order to be stroked back. When "praise/criticism" is used, it is instantly recognized by the Child for what it really is: a manipulative maneuver. Stroking is potent (healing) and praise/criticism is threatening (destructive). For that reason, it is well that the Adult of the therapist always be aware when it is administered.. The natural response to authentic stroking is to open up, receive and accept it at face value and start to get well; this is not the case with praise/criticism.

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* * *

Continued from page 103

that is, the sympathetic Mother or sibling who says, "Of course he's demanding too much." (The third hand makes another game possible—the bright student who deliberately encourages other students to play to insure his advanced place on the grade distribution curve.)

That entire classes can form collusions to play "Stupid" (this probably requiring the chance enrollment of several hard players) was confirmed by several other faculty members who could remember with considerable pain similar experiences.

The antithesis of the game is "So, study," but it is also important that a teacher examine his reasons for being willing to play, these including "Blemish" and "I'm Only Trying to Help You", and also a variety of Graduate Faculty Games.

TRANSACTIONAL PUBS BOOK LIST

Transactional Pubs is intended as a convenience for our members. Prices quoted include postage and taxes where applicable. All sales are cash prepaid, except for government and other requisitions.

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PRINCIPLES OF GROUP TREATMENT, by Eric Berne. Limited edition of 500 copies, the same as the trade edition, with a special title page. Part I: General Principles of Group Treatment. Part II: Transactional Group Treatment. $6.83

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BOARD GAME

THE GAMES PEOPLE PLAY GAME is now on the market. It consists of three circle boards, Blue, Gold, and Red (P-A-C), with Frog and Prince markers, Gold Chips, Brown Trading Stamps, and Game Cards. The rules are based on the transactional principles of games and scripts. It can be played by any number from two to eight, grown-ups or children. This is a quality product manufactured and distributed by ALPSCO in New York. The bulk of the royalties go to the SAFTAS for educational and research purposes. Available from Transactional Pubs at the retail price of $11.00, including postage and taxes where applicable.

GAMES PEOPLE PLAY, large type edition. This is a de luxe edition put out by Franklin Watts, Inc., with very large type, suitable for children, or people with impaired vision, or people who just like large type. Size 11¼" by 8½". Hard cover. $7.30

It is now possible, on special order, to obtain Games People Play in the following languages: Dutch, Finnish, French, German, Italian, Spanish. The shipment delay on any of these translations is estimated at two months. The price of each will be about $5, and a check for $5.50, which includes tax and postage, will set your order in motion.

For those who like arguments, we have reprints from the Psychoanalytic Forum with a discussion on Marital Interaction between Giovacchini, Mahler, Rosen, Berne, Berezin, Grinker, Sager, and Liberman. 50c.

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* * *

BIBLIOGRAPHY

Included in the Summer Issue 1967 of the Tulane Drama Review is a symposium on GAME THEORY AND THEATRE. Burton Melnick contributes an article on the differences between play, games, and theatre, and Eric Berne has some thoughts on trading stamps, autonomy, games, and scripts as applied to acting and writing for the theatre. But the most interesting article is TRANSACTIONAL ANALYSIS AND ACTING, by Arthur Wagner. Wagner starts off with a difficult problem in acting, a scene from *Benito Cereno,* which he solved by structural analysis of the characters involved. He then goes on to apply game analysis to various scenes, and then talks about time structuring with remarkable transactional insight. He is now using structural and transactional analysis in professional training classes and in text analysis. Most interesting is his project "to develop three sets of behavior for every character, one for each ego state, so that voice, gesture, and demeanor of a character in a given circumstance will depend upon which ego state of that character is in power."

John Hurley, of Michigan State University, has published a paper on academic games entitled "One-upmanship in Academia." (UNIVERSITY COLLEGE QUARTERLY 12: No. 4, 12-14, 1967.)

FIFTH ANNUAL SUMMER CONFERENCE

The Fifth Annual Summer Conference of the ITAA was held at the San Francisco Hilton, San Francisco, California on August 19 and 20, 1967. 140 registrants from 12 states, Ontario and British Columbia attended the Clinical Sections and the Introductory Workshop. The Examining Board met on Friday evening, August 18, and admitted four candidates to the advanced membership. The Nominating Committee met to draw up a slate of nominations for 1968 officers and Trustees. On Sunday afternoon a Clinical Business Meeting was held; the members discussed membership qualifications, the 1968 Summer Conference, affiliates, and financial matters.

We now have made a master tape of all panels and papers which were given at the recent Summer Conference. The tentative plan is to make copies of these tapes available to interested persons. For further information, please write to the ITAA office, P. O. Box 5747, Carmel, California.

* * *

A LIVING PROBLEM

How To Take A Trip *Cyprian St. Cyr*

The boys were seated around the electric heater in Eubanks' Grocery and General Store, listening to Lastborn Snodgrass, the sixth of the twelve Snodgrass children, tell about his yearly visit to the city to see his therapist.

"Man," said Lastborn, "you wouldn't recognize the place."

"High rise buildings on every street?" asked JV Eubanks, the owner.

"No, high rise kids on every street," said Lastborn. "High as a kite on LSD and pot trips."

"Heard about that," commented JV. "But we had trips long 'fore those kids did. Even my great-grandaddy went on better trips with good old West Fork moonshine. Reckon those were the first real trips, back in the 1840's when they first homesteaded Eubanks County."

"No sir," objected Lastborn. "People were taking trips on pot long before whiskey was invented. What you think Horseley?"

R. Horseley, the sage of the Ozarks, stroked his beard thoughtfully.

"I think the first trips were long before any of that."

"How do you reckon?" asked JV, sizzling a steam of tobacco juice onto the hot stove lid.

"Laughing," said Horseley. "That was the first trip. A real laugh takes hold of you and holds you helpless just like a drug. You come out of it high and excited, just like from a drug. Then you want to tell the next person you see about it, and it never comes out just the way it happened, just like after a trip with a drug."

Question: Why didn't the ancient Babylonians, Chinese, Egyptians, or Hindus have any sense of humor? Maybe pot did come before laughter.

ANNUAL BUSINESS MEETING

The Annual Business Meeting of the ITAA will be held on October 31, 1967, 8:30, at the Berkeley Transactional Analysis Institute, 3155 College Avenue, Berkeley, California. The agenda will consist of the election of 1968 officers and trustees, and adoption of the revised By-Laws.

Advanced Members passed by Examining Board, August 1967

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* * *

GEORGE

(*Our Sponsored Orphan in Crete*)

George writes: "The sea is full of people who bathe, the sun shines and there are no more clouds in the sky. I started going seabathing. The other children lend me a sea mask and a fishing gun. I can see the fish and the bottom of the sea."

* * *

NEWS FROM BRANCHES

Two new study groups have been formed: one in Denver, Colorado and and one in Omaha, Nebraska. George David, M.D., at the University of Colorado Medical Center, and Melissa Nygard, M.A. have organized the Denver Transactional Analysis Study Group. Fred Crouter, who recently completed the eight week intensive training course at the Carmel Institute for Transactional Analysis, set up the Omaha Transactional Analysis Study Group. The addresses of these study groups will be found in the Directory of Affiliates.

A number of people have recently completed the eight week intensive training course at the Carmel Institute for Transactional Analysis. Graduates include: James Allen, M.D., Laboratory of Community Health, Harvard; David Edwards, Ph.D.; Frederick L. Crouter, M.Ed., Nebraska Public School; Morris Haimowitz, Ph.D., Adult and Continuing Education, Chicago City College; Natalie Haimowitz, Ph.D., private practice, Chicago; Dale Jamtgaard, B.D., M.S.W., Lutheran Family Service of Oregon; Richard Lee, M.D., private practice; Sydney B. Mannel, M.D., pediatrician; John R. Cooper, Ph.D., Children's Memorial Hospital, Chicago; Jone Walsh, B.A., Santa Clara County Welfare.

The North Bay Cities Institute offers courses this year at the Rancho Rafael Motel in Ignacio. This is six miles north of San Rafael on Redwood Highway 101, within thirty minutes driving time from Sausalito, Santa Rosa, Napa, and Vallejo. An introductory 101 course began October 16. A full range of courses, advanced seminars and training is projected for residents of the tri-county area. Instructors are Melvin H. Boyce and W. Ray Poindexter, M.D.

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists, and clergymen. The teaching is primarily oriented toward group therapy, social dynamics, and personality theory based on transactional analysis. The Association is now in its tenth year, and is self-supporting through tuition and membership fes.

The affiliated Transactional Analysis Seminar and Societies are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible. Qualified people can become Associate Members of the ITAA by filling out the blank below. They may become Regular Members after taking a complete Introductory Course or its equivalent, and may apply for Clinical or Research Membership after their training meets the standards of the Membership Committee.

All classes of membership include: (1) Subscription to the Bulletin (2) Entree to Seminars and Societies when traveling (3) Hospitality of the temporary ITAA headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences (5) Listing in the Annual Geographical List of Members.

Those desiring Associate Membership (or Regular Membership if eligible) may fill in the coupon below and enclose the membership fee. Subscriptions to the Bulletin are available to institutions and libraries at $5.00 per year and to individual professional workers at $10.00 per year.

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TRANSACTIONAL ANALYSIS BULLETIN

International Transactional Analysis Association

A Non-Profit Educational Corporation

Volume 7
Number 25
January 1968

TENTH ANNIVERSARY NUMBER

Scientific Proceedings 1

Berkeley 1

Monterey 1

San Francisco 2

Washington, D.C. 5

The Alcoholic Game *C. Steiner* 6

Games In The Military *R. L. Johnson, A. P. Chatowsky* . . 16

Hippies And The Little Lame Prince *W. R. Poindexter* . . 18

History Of The ITAA 19

Index To Volume VI 21

Bibliography 22

List Of Members 23

Directory Of Affiliates 32

A Living Problem *C. St. Cyr* 35

Publications Available 36

TRANSACTIONAL ANALYSIS BULLETIN

International Transactional Analysis Association

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Volume 7
Number 25
January 1968

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. For institutions & libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and inquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California 93921.

Articles, clinical notes, news items, and letters should be addressed to the Editor at the above address. They should not exceed two double-spaced typewritten pages in length, and should conform to the requirements on page 131 of the April, 1966 Bulletin.

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The abstracts below are written for professional readers who are assumed to be familiar with the principles and language of transactional analysis.

BERKELEY TRANSACTIONAL ANALYSIS INSTITUTE

November 20. Vic Matson: "TA as a Structure for Christian Education."

Matson presented a tape of a group which meets once a week in an urban Methodist church where he is the minister. Besides himself there is a 35 year old male assistant teacher and eight boys ranging from 4th to 6th grade.

The contract with the boys is to teach them the Christian faith. To accept the position of "I'm OK, you're OK" means to accept God's purpose for the individual and to live a game free life. To live as if one of the other three positions is true is to deny the reality of God and His creation. This means that to sin is to play games. Conversion is the experience of accepting the "I'm OK, you're OK" position. Therefore, the goal of Christian education is to expose a person's unrealistic position in life and the games he uses to maintain it. The clergyman offers the possibility of the "I'm OK, you're OK" position. If the person chooses to accept this as reality as God has created it, he experiences a conversion, gives up his games and becomes different.

MONTEREY PENINSULA TRANSACTIONAL ANALYSIS SEMINAR

November 3. Philip Mothersill: "Confrontation."

Mothersill, a marriage counselor, felt that he was not confronting his clients in the most effective way. He asked for suggestions as to when specifically and how to make confrontations. His tape of a marital group revealed that Mothersill operated with two leader-members contracts. The first (verbal) contract stated that the leader would "try to help"; the second (secret) said "let's all stay friends", therefore not be too hard on each other about rackets.

Kupfer said that even though a leader's Child wants to be liked by the group members, his effectiveness in a group is correlated with the respect of the group members for the leader's Parent and Adult. Several Seminar members suggested that the contracts needed firming up by the use of the leader's firm, tough, therapeutically-oriented Parent, rather than continue "to be nice." Once this new atmosphere has been created then the leader's Adult will recognize the moments when confrontations and interpretations need to be made. For example, he will notice and then confront clients with samples of inappropriate behavior and then the leader can use his Parent to give permission to make changes.

November 17. Claude and Ursula Steiner: "Permission Classes."

Dr. Steiner reviewed Pat Crossman's article on permission and protection (see TAB 5:152-154, July, 1967) and described procedures for allowing patients to "let the natural Child out." Some of the patients in Steiner's TA groups now attend special sessions, or "permission classes," conducted by Mrs. Steiner in an esthetic setting complete with music. In the orthodox TA group sessions, patients can receive permission to re-evaluate script-injunctions and prescriptions for getting to know the expressive Child. These prescriptions can be acted upon in Mrs. Steiner's classes.

Asked why the techniques used in the permission classes were not used in the orthodox group sessions, the Steiners responded that the classes were designed to be "something special," that at this point the techniques were still being tested, and that those techniques that show consistent therapeutic effectiveness can be applied more generally.

SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINAR

October 24. Eric Berne: "Teaching TA to Large Audiences."

Berne described a two-day teaching seminar for practicing group therapists, with an attendance of well over 100. His program was three lectures the first day, with plenty of time for discussion. The second day consisted of one lecture, following which he took a group of patients who volunteered from the private practice of one of the local therapists. This was viewed by closed circuit TV by the whole audience assembled in another room, and was simultaneously taped. The tape was then replayed for demonstration and discussion, and following his usual policy, the patients were invited to this session. After that, the gathering broke up into groups of eight people and met for an hour. The difficulty here was that Berne could only spend five minutes with each group because there were so many of them, each doing something different. There was no remedy for this since he was the only trained TA person there. A better plan would have been to take eight experienced group therapists into a group and send that through the closed circuit TV. Karpman's plan (see December 5 below) is more suitable for smaller audiences.

November 7. Ray Poindexter: "Hippies and the Little Lame Prince."

See page 20.

November 14. Martin Groder: "Two New Game Variations."

Groder presented two new variations of games. The first was a psychiatric version of Schlemiel, in which the Parental psychiatrist feels he has made a mistake, and says, "I'm sorry!" and thus gets forgiveness from the patient's Child. The second was a Child's version of ITHY in which White (the patient) says, "I'm only trying to please you, sir (ha ha)!"

November 28. Viola Callaghan: "Supervision By Tape."

Callaghan presented a tape of a group meeting conducted in another city by a candidate for Clinical Membership whom she was supervising. The Seminar noted considerable improvement over a previous tape from the same source, but tended to judge the therapist by more severe standards than before so that he came off no better. This tendency is difficult to control.

December 5. Stephen Karpman: "Organizing Two-Day Teaching Groups."

Karpman presented recent experiences in running two-day teaching groups at VA Hospitals in Fort Meade, South Dakota and Battle Creek, Michigan.

During preliminary correspondence, a two-day seminar is suggested rather than a one-day lecture and discussion. Such a seminar consists of a morning lecture, followed by a "mini-marathon" that afternoon and the next morning and afternoon. The group members should be group therapists from the hospital and community who will use TA. Eight to ten compatible therapists can be picked, or a sign up sheet can be posted. Two groups, "A" (both afternoons) and "B" (one morning) are suitable. No observers should be allowed. The contract is for group therapy, not discussions. Arrangements should be set up one month in advance, with each participant agreeing to read *Games People Play* and the "Trading Stamps" (TAB: April 1964) and "Script Checklist" (TAB: April 1967) articles, each of which is Xeroxed and sent on ahead. Publicity announcements are sent to the community, and each division head receives enough of these to supply each staff member. (Division heads may not post a single notice if only one is sent!) For the therapy groups there should be a room with blackboard and no (conference) table. The lecture should be taped. TV and press coverage (interviews and photograph) may be advisable.

The morning lecture should cover all current ideas, including therapy technique (TAB: October 1966). It should also include the history of TA, the

names of the publications, types of membership, number of members and chapters, location of training workshops and annual conferences, and an explanation of how weekly seminars are run. Many people who do not have the advantage of being in the later limited groups will want to start using TA right away and join a local study group.

In the groups, the therapist's job is to cover all the material as often as possible (TAB: October 1966). The pace should be fast and fun. The awkward warm-up period can be cut from three hours to a half hour with an opening announcement that the contract is for (1) group therapy (2) using TA, (3) confidentiality is covered by the contracts of their respective professions, and (4) how deep they go is up to them. (5) They should agree not to collect stamps, and (6) lines of authority are abolished. (7) They should know that the therapist will be very active while contracts are being set up, and then pull back.

December 12. Bert Alpert: "Organizational Analysis of a Trade Union."

Alpert appeared as a guest of the Seminar, presenting the question of how to get a larger number of employees to join and then to participate in a social worker's union of which he is organizer in the public welfare department of a large Western city. Alpert specifically stated his questions as follows: "How can employees overcome their fear of reprisal by authorities in management and in the higher government and business community?" "How can the union get sheep to act like people?"

Alpert read a statement of the reasons for the existence of the union, which referred to "a growing feeling that we have our backs to the wall." The statement implied that the management were ogres, and the workers babes in the wood. He also described the inception of the union and its current activities. Berne analyzed the organization as an ailing group by drawing the six basic diagrams, showing the authority structure, the predicament of the union president, the group processes, the possibilities of crossed transactions, and the group imago. This elicited the fact that management was not straightforward in making employment contracts because they state that the Welfare and Institutions Code will be the canon on which activities will be based; after employment begins "management theory" is brought in and becomes equally predominant.

The Seminar members were interested in determining what games are being played in the organization, particularly in the union itself. It is known that some people are militant in a military sense, that is, if there is no struggle go-

ing on, some people get restless and start a fight. The union organizers, according to the "statement of purpose," were saying "Ain't It Awful," and there was no clear answer to the question of what people in the organization would do if things weren't so awful.

Seminar members suggested as answers to the originally stated questions (How to get more people to join the union, and "How to get sheep to act like people"): (1) Change the message from "Why don't you sheep listen to us people?" to "You people come on over and join us people." (2) Give up the myth of ogres and babes in the woods because many employees may not feel like babes in the woods. (3) Throw away the declaration of reasons for existence of the union. (4) Notices regarding meetings should be stated in a matter-of-fact manner, describing the problems to be discussed without agitating declarations.

(Abstract by M. Northcott)

December 19. Eric Berne: "Staff-Patient Staff Conferences."

Berne presented a paper intended for publication in another journal, showing the value of having patients stay after group meetings, both on the ward and in out-patient groups, to listen to the ensuing staff conference. He outlined the rules found most appropriate for such a program: e.g., no observer is allowed to remain silent during the conference, and observers are informed of this before they sit in.

WASHINGTON, D. C. SEMINAR

INITIAL MEETINGS

October 10. J. Schiff: "A Beginning Group."

October 24. J. Schiff: "A Theory of Pathology and Treatment of Schizophrenic Patients."

October 31. P. Phillips: "A Clinic Group of Young Wives."

The question was whether or not certain therapeutic goals could be accomplished in forty hours.

November 7. P. Miller: "The Case of a Young Man."

Miller presented the case of a young man who approached him for counseling after hearing one of his sermons. He was having a problem in achieving in music school and in his relationships with a young woman.

November 14. Stephen Karpman: "Discussion of Two Cases."

The patients were in residence at the Schiffs'. Davis demonstrated how they were using games in a reciprocal manner toward pathological payoffs. He and the Schiffs described the intervention used to block the payoffs.

THE ALCOHOLIC GAME

Claude M. Steiner, Ph.D.

The life game of Alcoholic was first investigated by Eric Berne in his book, *Games People Play*. In his analysis of the game of Alcoholic, Dr. Berne postulates that there is no such thing as alcoholism or "an alcoholic," but that there is a role called The Alcoholic in a certain type of game. It has become clear since the writing of Dr. Berne's book, that persons fitting into the role of The Alcoholic in an Alcoholic game, can be divided into three significantly different types. As a consequence, it appears that there are three different games of Alcoholic, all of which share certain characteristics in common, but each of which has characteristics that are unique to that game, and each of which is preferred by a certain kind of person. The three games are Drunk and Proud (D&P), LUSH, and WINO. These three games will be analyzed according to the scheme followed in *Games People Play*.

1. Drunk and Proud.

Thesis. All three alcoholic games have as a general thesis, "I'm not OK, you are OK (ha ha)." In all three games the Alcoholic puts himself in a position of being obviously disapproved of, and of allowing those who disapprove of him to appear to be virtuous and blameless, while the situation makes it obvious that they are not only not virtuous and blameless but foolish and impotent. Thus, "I'm not OK, you are OK, (ha ha)", really means "I'm OK, you're not OK" but stated in such a way that everyone concerned will be plunged into utter confusion. The thesis of D&P is "You're good, I'm bad, (try and stop me)." This is clearly a variation of "I'm not OK, you are OK (ha ha)," because anyone attempting to stop the Alcoholic from being bad, will wind up feeling definitely not OK: either foolish or angry.

The general game of alcoholic has, "in its full flower," five roles or players. The Alcoholic, (It), the Persecutor, the Rescuer, the Patsy, and the Connection. D&P is a three handed game involving the Alcoholic, and a Persecutor/Patsy. The fact that there is usually no Rescuer participating in this game, is a clue to the distinct nature of it. A D&P player is basically interested in getting persecuting parents angry, so angry in fact, that they show their stupidity and foolishness.[1] This game is often played by salesmen and executives with their suburban wives, and in their particular situation the aim of the game is to punish the wife for her dominating and possessive attitudes. Under the influence of alcohol, a D&P player can engage in extracurricular activities with his secretary, can lose large sums of money at the poker table, and can stay out with the boys until all hours of the night, with complete impunity. When his wife reproaches

[1] This is the payoff of the game, namely, making foolish Patsys out of selfrighteous Persecutors. Dr. Stephen Karpman points out that the sudden reversal from Persecutor to Patsy which is characteristic of this game is an intrinsic and dramatic part of its effectiveness.

him the morning after, he apologizes, saying, "Boy, I feel terrible about this, honey, I really tied one on last night. I'll try to be good from now on." This leaves the wife, who until now has been the Persecutor, two alternatives. She either accepts the apology, (in which case the game becomes a variant of "Schlemiel") and puts herself in a foolish position, switching roles from Persecutor to Patsy, or she rejects the apology and continues as the Persecutor. The latter is difficult because "It" is contrite and rueful, thereby putting her into a position of being merciless and bitchy. Since It doesn't lose any time from work (not more, in any case, than anyone else in his office) and manages to keep everything going fairly well, he is not interested in a Rescuer and certainly would not allow one to enter into the game. Occasionally, his wife plays the Patsy by agreeing to go to an office party and then being forced to witness her husband "under the influence" behaving naughtily with the boss's secretary.

The D&P player seldom drinks at home, since the drinking is just an excuse for misbehavior of another kind, which is essentially an angry gesture of repudiation of the Persecutor. Because of the D&P player's lack of interest in a Rescuer, they very seldom find their way into a therapist's office on their own initiative. When they do, usually because the marriage partner threatens divorce, they are likely to draw the therapist into the game as a Patsy. Any therapist who misses this point and is willing to analyze dreams or discuss childhood experiences with a D&P player, will find, as he becomes more and more confident that therapy is "making progress," that he is exposing himself to an increasingly monumental disappointment which inevitably occurs.

The case of the winking patient is an example of this point. Mr. Lavat, a D&P player, came seeking treatment because of the demands made by his girl friend of many years who threatened to leave him if he didn't straighten out. The therapist, inexperienced at that time, accepted his request for treatment at face value and proceeded to undertake the usual exploration of the reasons for his drinking. Mr. Lavat stopped drinking and, as far as the therapist could tell, continued to be sober as the weeks passed. One day when the therapist met Mr. Lavat in the waiting room, Mr. Lavat greeted him with a wink. Because treatment seemed to be progressing satisfactorily, the therapist was unwilling to challenge the meaning of the wink and continued to "do therapy." Every week from then on the patient would meet the therapist with a wink. This continued for a couple of months, during which the patient continued to "make progress" and to remain sober. Then, quite unexpectedly, Mr. Lavat's girl friend called up, angry and questioning what the therapist was really up to, since Mr. Lavat did not seem to be improving but instead was drinking more and abusing her. It turned out that at approximately the same time that Mr. Lavat started winking in the reception room, he also began to drink and had been drinking, between appointments, ever since. Having been conned in such an obvious way, the therapist felt quite foolish and finally realized that he had been playing the Patsy in a game of Alcoholic. Mr. Lavat never returned for treatment and the

therapist learned a valuable lesson: A winking patient's Child is up to no good, a rule which has since proven to be quite useful in the treatment of alcoholics.

Antithesis. A therapist treating such a patient should be aware of the fact that the role he is expected to play is the one of the Patsy. An antithesis for the therapist who suspects he has become a Patsy in the game of D&P, is to wait for "It" to protest his blamelessness, innocence or sobriety, and say, "I think you're right, Mr. White, I believe you are blameless, or innocent, or sober. Perhaps we should discontinue treatment." If White accepts discontinuing therapy, he was clearly playing a game. If he demurs and wishes to continue, then the therapist can ask what the purpose of treatment might be, thereby getting a contract from Mr. White which will give him leverage for treatment in the future. Very often a D&P player, who has been dragged into treatment by him wife, is willing to settle for a contract which is aimed at straightening out the marriage. At this point, typically, his wife demurs, saying, "I don't need therapy, he's the drunk." This reveals the fact that she feels that her blameless position is tenuous. However, if he means business, she will probably assent to treatment and the worthwhile goal of treating their marriage can be pursued.

Whenever a D&P player comes to the attention of a physician, because of severe withdrawal symptoms, his attitude is roughly: "OK Doc, here we go again, just give me the shot in the old arm and the pills. My! have I got a dilly, ha ha, see you around." This attitude is disconcerting to physicians who, thinking of alcoholism as an illness, fail to understand that the hangover is the payoff for the alcoholic, in this case, giving him a chance to be a "bad boy," escape deserved anger, and disconcert grown-ups. "You wouldn't hit a sick man, would you, Doc?", is a statement uttered by one alcoholic which exemplifies the bind into which the physician is placed, so that he can see only two choices, to be a Persecutor, or to be a reluctant Patsy.

The wife of a D&P player who wants to stop playing the game herself, has as her only antithesis to seriously propose a divorce unless he stops drinking or to seek family or group treatment aimed at therapy of the marriage. Any other maneuver or operation is likely to be of little or no avail and is likely to become just another move in a renewed game.

This game has a number of non-alcoholic relatives, such as "Cops and Robbers," "Let's Pull a Fast One on Joey," "Do Me Something," Wooden Leg (what do you expect with a wooden wife)," and "Schlemiel." All of these games involve a player who is actively attempting to make fools of others. They all involve a "racket" in which It complains of how people are telling him what to do, which justifies his anger and provides him with an excuse for his next misadventure. Under his shirt, a D&P player wears a sweat shirt which says, "I can hold my liquor" on the front, and "But not tonight" on the back.

D&P is also played by the sons of overprotecting parents, and the young man who plays D&P is a common finding in the close-knit families of Irish and other old-country descent. Here the young alcoholic is usually rebelling against

his mother's overprotective attitude which in essence means, "I'm OK and you, my son, (bcause you are a man or because you're like your father) are not OK." An offspring in this situation can safely rebel by saying, "I agree, I'm not OK, since I'm a drunk, and you are OK (ha ha)." With every drinking bout, his mother presents him with ample evidence for the validity of the "ha ha" since she will typically lose control over her angry, persecuting Child, which is definitely not OK.

This game is primarily a masculine game of rebellion against mothers and wives who insist on appearing blameless while being quite angry at their sons or husbands. The only way in which a man can expose the flaws of such a woman is to "bring her out in the open" and the game of D&P is one very effective way of doing so.

The above is not to say that women do not play D&P, but when they do, the dynamics of the game are similar, except that they involve father instead of mother. Female D&P players are often seen among professional women married to meek men. Most women alcoholics, however, learn to play LUSH which will be explored in the next section.

The games in this chapter will be analyzed according to the format presented by Dr. Berne in *Games People Play*. The following notation will be used in the analytic protocol.

Title: This is the name of the game and the abbreviation if one is used.

Thesis: The thesis is restated in a concise sentence.

Dynamics and Aim: This is a statement of the Child's reasons for playing the game.

Roles: The roles that are commonly encountered in the game are given.

Examples: (1) This gives an example of how the game is played in childhood.

(2) An illustration from adult life.

Paradigm: This illustrates as briefly as possible the critical transactions of the game.

Moves: This gives the minimum number of transactional stimuli and transactional responses in the game. The actual game can be played in a much more elaborate manner in reality.

Advantages: (1) Internal Psychological — This attempts to state how the game contributes to internal psychic stability. (2) External psychological — This attempts to state which anxiety arousing situations or intimacies are being avoided. (3) Internal Social — This gives the characteristic phrase used in the game as played with intimates. (4) External Social — This gives the key phrase used in the derivative game or pastime played in less intimate circles. (5) Biological — This attempts to characterize the kind of stroking which the game offers to the parties involved. (6) Existential — This states the existential point of view from which the game is typically played.

Relatives: This gives the names of complementary, allied and related games. The importance of these games is that when the alcoholic stops drinking, he will usually switch to one of these related games.

ANALYSIS

Title: Drunk and Proud (D&P)

Thesis: The general thesis of all three alcoholic games is "I'm not OK, you're OK (ha ha)." The specific thesis of D&P is, "I'm bad, you're good (ha ha)".

Dynamics and Aim: Guilt-free expression of aggression.

Roles: Alcoholic, Persecutor/Patsy.

Examples: (1) Childhood prototype: "Try and Stop Me," messing with food, telling obvious lies, getting parents angry over trivia. (2) Adult prototype; big city junior executive, living in suburbs and his circle.

Social Paradigm:

Adult to Adult

Adult: "I misbehaved last night, I expect you'll forgive me, since I won't do it again!"

Adult: "I don't agree," (Persecutor) or "I agree," (Patsy).

Psychological Paradigm:

Child to Parent

Child: "I was bad and you couldn't stop me, ha ha."

Parent: "If you do this again you'll be sorry."

Moves: (1) "I'm going out — stay home." (2) "I'm getting drunk — you'll be sorry." (3) "I'm sorry — forgiveness or anger."

Advantages: (1) Internal Psychological: Expression of oral aggression. (2) External Psychological: Avoidance of intimacy with Persecutor/Patsy. (3) Internal Social — "Try and stop me." (4) External Social: "Martini," "Morning After," and "Shot and Pills." (5) Biological: Positive strokes from drinking companions, negative strokes from Persecutor/Patsy. (6) Existential: "Nobody tells me what to do."

Relatives: "Cops and Robbers," "Do Me Something," "Wooden Leg," "Schlemiel".

2. LUSH.

Thesis: This form of the alcoholic game is most often played by a middle-aged married suburban wife, or at times, by a down-trodden, hard-working, white collar employee. In both cases the game is played in response to sexual deprivation, or as a transactional analyst would call it, a lack of "strokes." The thesis of the game is again a variation of "I'm not OK, you're OK, (ha ha)," in this case, "I'm crazy (depressed), try and cure me (ha ha)." This usually involves a partner who is unable to or has great difficulty in giving strokes. As a consequence, it is to the partner's advantage to have It drink, since as long as the drinking continues, his own emotional deficiency and his own part in the game, will not be exposed. As long as It drinks, the partner preserves the appearance of blamelessness, while of course, both It and the partner know that he is not blameless. Because of the partner's guilt over his deficiency, he is always ready to play the role of Rescuer. This particular game is played largely with three hands, the Alcoholic, the Rescuer, usually the marriage partner, and the

almost always present professional, who may play Rescuer or Patsy. The LUSH player is basically making a plea for strokes, but because these strokes will not be given by the partner under ordinary circumstances, the LUSH player settles for the costly strokes that are given to him when he puts himself into a position of being rescued.

Because the LUSH player reacts to strokes, it is usual for him to temporarily stop drinking and make considerable temporary progress when beginning therapy. However, because the strokes from the therapist are not sufficient and do not replace the needed strokes from the partner, the temporary progress is always cut short just as the therapist thinks that the patient is cured. Clearly, since the patient's progress was based on the strokes obtained from the therapist, it becomes important for the patient to remain a patient, a situation that he or she can easy accomplish by going back to drinking. While the D&P player typically drinks away from home, the LUSH player typically drinks at home and it is an ever-present characteristic of this game that once under the influence of alcohol, with the Parent and Adult ego states "knocked out", the LUSH player will often leave the house and seek out a sexual partner wherever she may be available. This constitutes further evidence for the assertion that the LUSH player is starved for strokes, so that as soon as he is able to overcome the Parental prohibitions and Adult objections, he will obtain such stroking under whatever circumstances it is available.

Again, the only solution for this kind of drinking is in therapy involving both of the partners, with the game antithesis by the therapist demanding that the patient stop drinking entirely. The aim of the therapy should be to facilitate a mutual stroking relationship between the two partners, and usually involves intensive re-education in their sex life. When, as in the case of D&P, the partner is unwilling to participate in treatment, a situation which often occurs because of the partner's fear of being exposed in his incapacity to be loving, then the only alternative is a divorce. The reason for this is that a married LUSH player whose partner is unwilling to cooperate, will be unable to obtain the strokes that are needed without creating considerable guilt. Thus, the alternative is to get a divorce from the partner so as to be free to obtain the needed strokes without needing to feel guilt. It must be pointed out here that obtaining a divorce is only the first step in the treatment since, without further treatment, it is very likely that he will marry another unloving person. Thus, divorce by itself is probably not a therapeutic move, although it is a requirement for being able to do therapy in the case of a LUSH player whose husband is not willing to cooperate.

LUSH is a depressive game, and the racket of the LUSH player is "Nobody loves me." Thus, the non-alcoholic relatives of LUSH are, "Kick Me," "Look How Hard I've Tried," and "Psychiatry (Introspective Type)," as well as "Dry Alcoholic" variants such as "Overeating," "Overspending," and "Oversexed," all of which are manifestations of a lack of stroking satisfaction.

ANALYSIS

Title: LUSH

Thesis: "I'm crazy (depressed). Try and cure me (ha ha)."

Dynamics and Aim: Sexual deprivation and procurement of strokes.

Roles: Alcoholic, Rescuer, Persecutor and Patsy.

Examples: (1) Childhood Prototype: Getting attention by hurting himself, making messes, etc. (2) Adult Prototype: Depressed housewife or overworked clerk drink at home.

Social Paradigm: Adult-Adult.

Adult: "I am unable to control my drinking."

Adult: "I will try to help you control yourself," (Rescuer), or "You're a liar," (Persecutor), or "I know what you mean, have another one." (Patsy).

Psychological Paradigm: Child-Parent.

Child: "I am loveless (depressed) and you can't help me."

Parent: "If you don't ask me to love you, I'll try to help you," (Rescuer) or "Get off my back!" (Persecutor) or "Yeah, have a drink and you'll feel better." (Patsy).

Moves: (1) "Love me —you're a mess." (2) "I'm a mess, love me," — "I can't love a mess but I can try to help you," or "I won't love a mess," or "I can't love a mess but you might try a drink."

Advantages: (1) Internal Psychological — Procurement of sexual gratification. (2) External Psychological— The alcoholic's avoidance of his real shortcomings. (3) Internal Social — "Try and not pay attention to me." (4) External Social — "Psychiatry," "Affairs," "Can't Get Satisfaction." (5) Biological — Strokes from husband or wife, strokes from Rescuers, strokes from casual lovers under the influence of alcohol. (6) Existential — Nobody loves me.

Relatives: "Do Me Something," "Kick Me," "Look How Hard I've Tried," "Psychiatry (Introspective Type)," and "Dry Alcoholic."

3. WINO.

Thesis: WINO is always part of a hamartic script. Once again the thesis, "I'm not OK, you're OK (ha ha)!" is here translated into "I'm sick (try and avoid that), you're well (ha ha)." The game of WINO is a hard "tissue" game. It is a "tissue" game because this game is played "for keeps" and using body organs and tissue as counters. The WINO player is basically orally deprived and the players in his game are narrowed down to "It" and a "Connection." The game of WINO is one in which It, the Alcoholic, is in a position where the only way he can get strokes is to make himself physically ill. To obtain his strokes, he is willing to sacrifice his body integrity so that when he puts his survival on the line, he practically forces others to take care of him. When, under such circumstances, others come to his aid, they are basically Connections. Whether It winds up in a soup kitchen or in jail where he will be fed and sheltered, or whether he winds up in a clinic, where he will be given tranquilizers and nursing care, this situation where the Alcoholic is physically

devastated and therefore becomes entitled to some oral gratification, is the pay-off for this game.

The pay-off, existentially, is a confirmation of the position that, "I'm not OK, you are OK (ha ha)" or, more directly, "I'm OK, you're not OK," since quite clearly, to the Alcoholic, the fact that he cannot get any supplies from people until he is at death's door, implies that these other people who are in positions of strength and power are really not OK, though they seem to be. Thus these other people become Connections, or the source of oral gratification. Even the policeman who arrests and rounds up skid row Winos is in reality a connection. The fact that WINOS protest loudly when arrested, should not distract the observer from noticing that in reality the WINO who gets arrested is in essence getting his pay-off at this time and is therefore basically pleased and that the policeman arresting him becomes the Connection, to the hospital or to the jail dining-hall. This fact is a *caveat* for mental health workers who may feel inclined to join the pastime of "Ain't It Awful," which WINOS like to play, in which the police are accused of heartlessness and calloused insensitivity.

As an example, in the alcoholism clinic attached to a jail in a large metropolitan area, it happens regularly that an inexperienced staff member will get into a game of "Ain't It Awful" with one or more alcoholics who manage to convince him that the reason or one of the main reasons why he drinks, is because of being harassed by the police. "No use trying to sober up, the cops know me too well and all I have to do is walk down the main street and I'll get arrested, whether I have been drinking or not." While it is statistically possible that a WINO will be arrested while walking down skid row stone sober, it is much more highly probable that he provoked the arrest in one way or another. In some cases, workers who are willing to enter into this game with patients wind up playing a game of "Let's You and Him Fight," in which a social work agency and the police department get themselves involved over the dying body of one or more alcholics. Needless to say, this does the Alcoholic no good, except to confirm his position that both the social workers and police are basically not OK. The best antithesis for this game is to decline debate about police brutality and to discuss realistic approaches to sobriety and giving up the game of WINO.

It should be noticed that in contrast with the game in "full flower", which has five players, this game has basically gone to seed and is reduced to a barren, arid, two-handed game. It is very unlikely that a WINO player can be given psychological treatment as long as he does not have a place to live, an occupation, and a will for sobriety. Only then it is possible to "treat" the game with any likelihood of success. Thus a clinic which devotes itself to the treatment of that minority of alcoholics who are playing WINO will be most effective if it precedes any treatment with social casework services, at the same time attempting to minimize playing the role of Connection to the Alcoholic by avoiding the indiscriminate prescription of drugs and vitamin shots, all of which to the WINO on a binge become the pay-off for his game.

ANALYSIS

Title: WINO

Thesis: "I'm sick (try and avoid that), You're well (ha ha)."

Dynamics and Aim: Oral deprivation and procurement of oral gratification.

Roles: Alcoholic, Connection.

Examples: (1) Childhood Prototype: Crying — getting fed, Playing sick — getting medicine, food, etc. (2) Adult Prototype: Skid row wino, and his circle.

Social Paradigm: Adult - Adult

Adult: "I'm sick and need help."

Adult - Adult: "I agree, take this medication."

Psychological Paradigm: Child to Parent.

Child: "I'm sick, you have to feed me."

Parent: "I guess so."

Advantages: (1) Internal Psychological — Procurement of oral gratification. (2) External Psychological — The Alcoholic avoids confrontation with his real inadequacy. (3) Internal Social — "I'm dying, and you have to help me." (4) External Social — "Port, sherry, or claret," "cirrhosis of the liver," "jail, clinic, Salvation Army," "Ain't it awful (police brutality) (rats and roaches) (Alkie Luck)," etc. (5) Biological-Strokes from nurses, doctors, policemen, and preachers. (6) Existential — "Unless I'm dying, no one does anything for me."

Relatives: "Junkie," "Speed Freak," "Polysurgery."

Comments:

The youngest case of a LUSH player recorded by this writer was a fifteen-year old young man, Johnny, the son of a professional athlete who would rescue him out of every situation that he got himself into. Johnny had the whole school system, all the way up to the Principal, and the police department all the way up to the chief of police, playing Persecutors, Rescuers, and Patsys. Neither his father nor his mother would pay any attention to him if he did not misbehave, but their activity increased noticeably whenever Johnny embarked in an episode of LUSH. His mother, a firm believer in psychotherapy, had engaged a psychotherapist who was content to discuss symbolism, dreams, and childhood experiences with Johnny and his mother, who became an assistant Patsy. Both mother and therapist resisted attempts to discipline the boy on the basis of the theory that what he needed was permissiveness and understanding instead of discipline. Johnny's aunt, an alcoholic living with the family, provided him with liquor by leaving assorted bottles and the key to the liquor cabinet in obvious places. Observing this particular situation, and the great pleasure that this young LUSH player would derive from it, the great zest and charm with which he and his circle played the game with its ups and downs, its pathos and its joys, about made observers feel that the game was worth playing.

LUSH is usually the precursor to WINO, but not all LUSH players wind up playing WINO. LUSH takes somewhere between 10 and 15 years to become converted into WINO, and whether a person will make the transition from LUSH to WINO, depends on whether his script calls for the type of tissue de-

struction that characteristizes WINO. In the case of Johnny, WINO would probably never be played on skid row, because of the affluence of his family, but more likely would be played between sheltered jobs, provided by family friends and alcoholic sanatoriums. The D&P player usually does not make the transition into WINO, because, while he is basically interested in aggressively proving that others are no good, he is not willing to sacrifice his limbs and body for this. Thus, when his body integrity becomes endangered, often after an attack of D.T.'s, he usually stops drinking, or controls his drinking so as to remain intact. At times, the D&P player whose drinking becomes a threat to his physical integrity finds, when he decides to stop, that he is physically addicted to alcohol, and that ceasing to drink is not as easy as expected. This difficulty, while surprising, is usually overcome after several attempts, a fact that supports the contention that alcoholism as a game, is quite different from alcoholism as an addiction. In the case of the D&P player, the addictive aspects of alcohol are of little or no interest, since he is primarily interested in angering others with his game. To the LUSH or WINO player, tissue addiction is a requirement, since alcohol is taken for its tissue destructive qualities. Thus, D&P is usually not part of self-destructive or hamartic scripts, where LUSH often is, and WINO always is.

The three games here outlined are related specifically to the drug "alcohol." Similar games are played with other drugs. Persons who use marijuana or stimulants or hallucinagenics and who are not self-destructive, very often play a game of "High and Proud (HIP)," HIP is a minor variant of D&P, the only difference being the kind of drug used. HIP is not a self-destructive game, but once again is played in order to embarrass grown-ups. It is worthy of note here that embarrassment of others, which is the pay-off of HIP, finds beautiful illustration in the manner in which the current adolescent rebellion in regard to marijuana, has basically accomplished its aim, namely the utter embarrassment of the grown-ups. The cruel and unusual punishment involved in the arrest of casual users of marijuana, in the face of emerging evidence that marijuana is not a habit-forming drug, is forcing defenders of harsh marijuana laws into a more and more foolish and untenable position which causes great delight in the HIP player. Thus the HIP player has seized on an aspect of the grown-ups around him which is weak and subject to attack and ridicule, and there is no more heartily felt "Ha ha!" than that of the HIP player when the authorities become more and more unreasonable in the pursuit of marijuana users. HIP players very often play Cops and Robbers as well, and the pay-off in this game is being arrested. One young man reported that he felt great joy when, after being arrested for holding one marijuana cigarette, he was given a one-year sentence as a felon. He realized that his enjoyment was related to the fact that the sentence proved, beyond the shadow of a doubt, the unreasonableness and foolishness of the authorities that were persecuting him.

LUSH can be played with non-alcoholic drugs, but this writer's experience indicates that LUSH is primarily played with alcohol as the favorite drug, although a few cases of this game played with amphetamines, or sedatives, usually in combination with alcohol, have come to his attention.

The non-alcoholic version of WINO is "Dope Fiend" and "Speed Freak." Both these games are part of hamartic or self-destruction scripts. The difference is that WINO belongs to a self-destructive script which usually lasts between twenty and forty years, that is, involves chronic and slow self-destruction, while "Dope Fiend" and "Speed Freak" are part of a script which has a much more fulminating course. The use of a needle for the administration of drugs seems to be an earmark of hamartic scripts. As a consequence, individuals who inject amphetamines intravenously, "Speed Freaks", are similar to "Dope Fiends" and WINOS in that they are all playing a hard game; the pay-off is that they become so ill that they have to be taken care of, or else they are locked up in perpetuity. Drug users are very aware of the difference between drugs which are taken orally or smoked, which are calld "mind" drugs, and drugs which are injected, which are called "body" drugs. Most HIP players regard "body" drugs with contempt because they dislike the bodily harm that they are capable of producing. The converse is true of users of "body" drugs: they are contemptuous of the "mind" drugs because they are "weak" and don't produce a "flash."

The differentiation of these three games is vital to psychotherapists, law enforcement officials, and in general anyone who in one way or another may find himself having to deal with such games of Alcoholic or some non-alcoholic variant of them. Reacting to all drugs abusers in the same manner not only overlooks the reality of the situation, but plays into the game of the Alcoholic. It confirms for him that all those who are presumably OK, and are attempting to help him, are in fact quite unaware of what they are dealing with and therefore quite unable to deal with it. This of course, reinforces the basic position of the game, which is "I'm not OK, you are OK (ha ha)."

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GAMES IN THE MILITARY

R. L. Johnson, M.A., A.P. Chatowsky, M.D.

At the Naval Station Brig, Norfolk, Va., we have found game theory helpful in short-term group treatment of military offenders. While there is often denial by the individuals involved, prisoners quickly understand military games which are pointed out as they occur in group meetings. The following are some of these games in their usual military form.

Wooden Leg appears when such questions as these are implied: "What do you expect from someone who (can't adjust to the service) (has a low Aptitude (score) (comes from West Virginia) (has dizzy spells) (is a deck hand) (has been diagnosed as an 'immature personality' by the brig psychiatrist) ?"

Stupid is played by the man who bungles his job on the deck force because he has "no aptitude" for chipping paint. Instead, he would have you believe his talent lies in the (electronics) (nuclear) (heavy equipment) field.

NIGYSOB is the favorite of persons who are unsure of themselves in positions of authority. For example, a newly rated 3rd class petty officer may look for minor errors by a seaman who was recently his peer.

Look How Hard I've Tried is also known as "The BCD Game." Bucking for a Bad Conduct Discharge, a sailor visits his division officer, the chaplain, the executive officer, the medical officer, and the psychiatrist to talk about his problems. Receiving no help (YD-YB), he goes AWOL and, upon return, gets the discharge. He feels blameless, since the Navy initiated the discharge and since he "tried to get help."

The military form of *Let's You and Him Fight* involves "obeying your last order," when the person giving the last order is obviously unaware of the first order of another person (which may concern something needing immediate attention). The game may be quite destructive, leading not only to argument between superiors, but to chaos.

IWFY in the service begins: "If it weren't for the (Navy) (Army) (Air Force) (Marine Corps) I would be (a college graduate) (in business for myself) (a better husband) (a responsible person).

Ain't It Awful is easily spotted when the military man complains about how terrible his ship is. Another common variant commences with, "The service isn't like it used to be (when I enlisted) (in World War II)."

The military *Alcoholic* is the same as his civilian counterpart, except that the Alcoholic is an insecure fighting man who needs attention and needs to show toughness and ability to take suffering; the Shore Patrol, MP's, or the Commanding Officer takes the role of The Persecutor; The Rescuer may be the chaplain, psychiatrist, medic, or a buddy; while The Patsy is played by the division chief, the captain, or the recent set of orders from Washington. (Note: many groups in confinement spend considerable time wishing they *could* play this game).

Schlemiel presents itself chiefly before new recruits find that petty officers and sergeants are masters of "Anti-Schlemiel."

The Volley Ball Game. When responsibility for the group's work is constantly being thrown in the leader's lap by "What do you think?" questions, we draw a comparison with a volley ball game. The "volley ball" is the responsibility which is passed back and forth by the members directing questions to the leader and by the leader reflecting the questions back to the group.

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HIPPIES AND THE LITTLE LAME PRINCE

W. Ray Poindexter, M.D.

This report is based on the clinical history and a taped interview of an 18 year-old boy who called himself a hippie. The youth's intellectual pursuits and opposition to his affluent father's position that all healthy boys are school athletes, led his father to declare "there's something wrong with my son." The son went his way and the family went theirs. His son had frequently left the family home for the "real life" with other runaway children.

The dynamics of this family's transactions suggest an abandonment of their son because he lacked the interest and characteristics of an All-American boy athlete. This intelligent, perceptive son was treated as if he were lame. A review of the fairy tales and adult fiction literature uncovered "The Little Lame Prince". In this story, a crippled child, Prince Dolor of Nomansland, was banished to a stone tower of Hopeless where there were books and living supplies, but no love.

The Prince developed the Doldrums (a common depressive illness of the times). A fairy godmother appeared leaving a magic travelling cloak which took the Prince on trips to see the trees, flowers, and beauty of the world. A pair of silver ears and golden glasses appeared on the trips. The transactional similarity of this patient's life history and other youths who leave home, to the little lame prince fantasy of author Dinah Maria Mulock Craik (1826-1887) suggests the story of The Little Lame Prince is derived from the life scripts of parents.

The protocol calls for a father's abandonment of his unstroked child except for physical provisions and educational opportunities. The isolational despair of the 15-year-old perceptively questioning child is relieved by running away to enclaves of youths who experience love, beauty, and other feelings, frequently with the help of drugs which take them on a trip.

Prince Dolor, after a few enlightening life-expanding trips on the magic cloak over troubled Nomansland, ruled by the then ailing King, returned as the rightful ruler of his country upon the death of his uncle who had banished him to the tower as a lame infant.

Since King Dolor ruled as a wise and just monarch, the tragedy of his early sequestration appears to be a requirement of the tragic life scripts of two other people — the King father who died from grief and compulsive work after the death of the Queen mother, and the Prince Regent uncle who assumed the throne after declaring the little lame Crown Prince dead.

If the current exodus of youths from their comfortable family homes follows the romantic threnody of the Little Lame Prince drama to the reassuring epilogue, the disparaged parents and the banished children of the hippie generation will reunite — each, perhaps better off for the experience and more capable of achieving intimacy. The validation of this tentative thesis requires time for more hippies to return to the society they consider fit for no man.

HISTORY OF THE ITAAA — 1958 - 1968

Millions of people in at least fifteen countries are now familiar with the principles of transactional analysis, due to the wide circulation and translation of its literature, and it is likely that 50,000 people have had personal instruction in it during the last ten years from our 500 or so active members. Formal clinical training is now entering its fourth "generation," with students of the original students beginning to train other people. As recounted in the January 1963 issue of the Bulletin, the seed for all this was sown on February 18, 1958, when the first formal training session was held in San Francisco with six students attending, although informal discussions had been held for a few years before that at Mount Zion Hospital in San Francisco and in Carmel, California. It is interesting to note that three people from the informal days are still active in the ITAA: Kenneth Everts, M.D., Margaret Northcott, M.A., and David Kupfer, Ph.D., who is now our President.

The first official organization for transactional analysis was called the San Francisco Social Psychiatry Seminars, which was chartered by the State of California as a non-profit educational corporation in May 1960. By 1963, when the formal Seminars had been in existence for five years, there were 60 enrolled members, mostly from Northern California, but with 12 other states represented. In August of that year, the First Annual Summer Conference was held in Monterey, California, principally to give members from different parts of the country a chance to meet each other. By late 1964 there were more than 250 members from 24 states; and Canada, Costa Rica and England had been added to the rolls. Many of them had no opportunity to visit San Francisco, and being an Affiliate Member of the SFSPS was not entirely satisfactory to people in other cities. For that reason, at the Annual Business Meeting of the SFSPS on October 20, 1964, it was decided to form the International Transactional Analysis Association. This was effected by simply changing the name on the charter of the San Francisco Social Psychiatry Seminars to ITAA, and making some necessary adjustments in the by-laws. The SFSPS thus went out of legal existence, and the San Francisco Seminar became the San Francisco Transactional Analysis Seminar, a branch of the ITAA.

Meanwhile, our publications were becoming more in demand. The Bulletin had been established in 1962, and began to grow thicker. In order to make our text books more available to our members, Transactional Pubs was set up in January 1964. Articles on transactional analysis began to appear in other journals. New branches came into being, particularly active ones in Sacramento under G. Haiberg and T. Harris and in Carmel under R. Goulding and D. Kupfer, both of which formalized their teaching activities into Institutes. A third Institute was formed in Berkeley by K. Everts and C. Steiner. At present there are 9 Seminars affiliated with the ITAA, and 8 Study Groups. The Membership List included in this issue of the Bulletin contains the names of 350 members from 33 states and 7 countries, of whom 11 are Clinical Members qualified to practice transactional analysis, and 33 Teaching Members qualified in addition to teach it.

In order to take care of the increasing amount of administrative work, it became apparent that a full-time secretary and a headquarters office would be necessary. The first organizational secretary was Viola Litt Callaghan, then a student at San Francisco State College. She handled without pay all the administrative work from the very first meeting of the San Francisco Seminars in 1958, and has attended almost every meeting of the San Francisco Seminars since then. Presently she is the Secretary-Treasurer of the ITAA. The first paid secretary was Anne Garrett, who worked part-time to handle the affairs of the organization. When the headquarters office opened at Fourth and Junipero Streets in Carmel on July 1, 1966 ("New Headquarters of the ITAA Hurrah!" as the Bulletin put it), Gwen McEwen was appointed full-time Executive Secretary, and has held that position ever since, combining it with her studies at Monterey Peninsula College.

All this is interesting as a matter of record and nostalgia as the President makes preparations for the Sixth Summer Conference to be held this summer, but even more interesting is the "cultural" growth of the ITAA: the camaraderie, the use of a common vocabulary, the glass of beer for the Child after a strictly Adult scientific meeting, and the rock and roll graduation parties after a course is completed. All this becomes more attractive as necessary formalities, such as Examining Boards and Executive Congresses, require hours of hard work on the part of members of the Board of Trustees. In this connection, it may be noted that the first Executive Congress took place in Carmel in 1964 and there have been two per year since. The Examining Board was instituted in 1966 to screen applicants for Advanced Membership.

Another interesting development is the appearance of "hardware": the first was a key chain with a PAC fob made for E. Berne by an inmate of a correctional institution in California. Next were a "golden apple" and a "trading stamp tree." The first formal hardware to appear were silver pins presented to the women who acted as hostesses and manned the desks at the Summer Conferences. Next was the Games People Play game devised by the San Francisco Seminars in order to earn money for research, and commercially produced by ALPSCO, a large commercial manufacturer of board games. Further developments in this field are highly individual: one of our members designed a three circle wedding ring for his bride, with a diamond in the Child circle; another, a pendant for his wife; and a third has our symbol on some doorknobs.

Thus transactional analysis in the space of ten years has evolved its own complete indigenous culture, with its own traditions, etiquette, character, contracts, and artifacts. Best of all, any professionally qualified person can become a member of this circle if he applies himself conscientiously to learning how transactional analysis works, so that there is no cultishness or exclusiveness.

E. B.

* * *

A THOUGHT FOR WINTER

"When she has dinner it's food, but her patients eat ingredients."

C. St. Cyr: *Letters to my Wife's Maid*

TRANSACTIONAL ANALYSIS BULLETIN

Volume 6, Nos. 21 - 24, 1967

SUBJECT INDEX

Addictions 69, 85ff
Alcoholism 36, 69ff, 86, 94
Anger, dealing with 3
Annual Meeting 111
Antabuse 71, 87
A.P.A. Conference 30, 59, 65, 78
Bibliography 76, 109
Book Lists 25, 57, 77, 108
Cathexis 4
Child
  Professor 72, 86, 99
Childbirth 68
Clinical Membership 6
Closure 101
Colitis 63
Contracts 36, 88, 99
Counter-injunctions 92, 100
Countertransference 37
Cybernetics 4
Decisions 65, 92
Directory of Affiliates 21, 54, 74, 105
Drugs 85f, 100
Educational Activities 30, 59, 78, 110
Executive Congress 24
Face Game 40
Family Culture 5, 92, 95
Games 4, 5, 29, 73, 86f, 97, 102, 103
Gestalt Therapy 37, 63, 93
G.G.G.P.S. Conference 59, 78
Group Therapy
  advances 91
Guilt 84, 98
Hippies 85f, 100
Index, Volume 5 7
Interventions 69, 91f
Introductory Course 24, 31
I.T.A.A.
  101 standards 24
  annual meeting 111
  examinations 24
  fees 25
  Trustees, 1967 2
Jerk 44
Juveniles 84f
List of Members 9
Living Problem 29, 58, 68, 110
Marathons 87f
News from Branches 31, 56, 79, 111
Organizational News 24, 58, 79, 111
Pastoral Counseling 97f
Permission 71, 87, 88, 89, 92, 102
Positions 29, 72f, 92, 94f, 101
Protection 71, 87, 89
Psychoanalytic Theory 26
Race Relations 64
Schizophrenics 36, 68
Scripts 38f, 69ff, 73, 83, 85
  analysis 4, 35
  antithesis 39
  checklist 38, 99
  counterscripts 38, 66
  elements 6
  gallows transaction 39, 70f
  game 39
  hamartia 69
  injunctions 4, 6, 38, 69, 86, 91
  matrix 67
  program 39
  tragic ending 39
Seasonal thoughts 28, 52, 73, 98
Smiling 70, 72f
Stroking 84, 91, 95, 96, 99, 102, 104
Summer Conference 58, 79, 110, 83ff
Table Game 26, 109
Therapist
  feelings 99
  training 90f
Therapy Groups
  initial meeting 6
  in prison 5
  introducing TA 37
  married couple 64
  size 92
Trading Stamps 101
Transactional Analysis
  college students 28
  in the church 84
  in hospitals 89
  in management 65
  in prisons 89
  in theology 97
  lectures in 92
  on television 30
  year book 30
Transactions
  ulterior 102
Unconscious 63
Zen 40ff

TRANSACTIONAL ANALYSIS BULLETIN

Volume 6, Nos. 21 - 24, 1967

NAME INDEX

Allen, J. R. 85, 100
Austin, B. 36
Bailey, R. 4, 5, 6, 89
Berne, E. 4, 26, 66, 83
Bomberger, R. 98, 111
Boyce, M. 64, 97
Brazzale, R. 68
Bush, G. 97, 111
Callaghan, V. 89, 94, 101
Capers, H. 25, 67, 84, 94, 104
Collins, W. J. 3, 68, 87
Concannon, J. 89
Cooper, J. 35, 96, 97, 100
Crossman, P. 66, 67, 70, 72, 85, 102
Davenport, K. 37
Dusay, J. M. 92, 94
Edwards, D. 37, 99
Edwards, M. 4, 5, 6, 25, 84
Ernst, F. 96
Everts, K. 85, 90, 97
Fagan, J. 103
Fierstine, B. 111
Finnila, M. 68
George (orphan) 31, 59, 78, 111
Goulding, R. L. 3, 5, 26, 37, 87, 91, 96, 99
Gritter, G. 96
Groder, M. 6, 38
Haiberg, G. 25, 84, 92
Haimowitz, M. 99
Harding, D. E. 40
Harris, T. A. 91, 94
Hess, J. W. 84
Horewitz, J. 64
Hurley, J. 28
James, M. 97, 101
Karpman, S. 38, 91
Kupfer, D. 3, 5, 26, 87, 90, 96, 99, 102
Kupfer, J. 97
Lewis, B. 87
Lindheimer, J. 3
McCormick, P. 84
Olivier, J. E. 25, 84, 94
Parker, P. 98
Perls, F. S. 37, 93
Phillips, R. 35
Poindexter, W. R. 63, 64, 65, 90
Porter, H. 28
Prusmack, J. 89
Root, B. 84, 111
Samuels, S. D. 91
Selinger, Z. 29
Sivertsen, I. 36
Sivertsen, J. 5
St. Cyr, C. (pseud.) 29, 58, 68, 110
Steiner, C. 4, 24, 38, 63, 65, 66, 69, 85, 93, 102
Underwood, W. 84
Wilson, V. 101
Zechnich, R. 85, 89

* * *

BIBLIOGRAPHY

Recent publications include an article by Leonard Ghan of Regina, Saskatchewan, "Games Social Workers Play," in THE SOCIAL WORKER: LE TRAVAILLEUR SOCIAL, publication of the Canadian Association of Social Workers, Vol. 35, No. 4, November 1967, pp. 260-264. Also a reprint of E. Berne's first paper on transactional analysis (1958) in a new book, ACTIVE PSYCHOTHERAPY, edited by Harold Greenwald, Atherton Press, New York, 1967, pp. 119-129.

We are also pleased to note the appearance of the American paperback edition of GAMES PEOPLE PLAY, and the Penguin edition in England. Recent translations include Japanese (Kawade World Books, Tokyo) and Danish (Gyldendal, Copenhagen). There is now a total of eleven translations on the market, along with special editions in the English language, including a pirated English edition from Taiwan.

The ITAA will henceforth be listed in the Encyclopedia of Associations put out by the Gale Research Company of Detroit.

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* * *

TA IN TRANSLATION

One of the pleasures of the past year has been leafing through the various translations of *Games People Play* to see how the terminology looks in other languages. The following table may be of interest to readers of the Bulletin.

English	*Parent*	*Adult*	*Child*	*Game*
Danish	Ophav	Voksen	Barn	Spel
Dutch	Ouder	Volwassen	Kind	Spelen
Finnish	Vanhempi	Aikuinen	Lapsi	Luku
French	Parent	Adulte	Enfant	Jeu
German	Elter	Erwachsen	Kind	Spiel
Italian	Genitore	Adulto	Bambino	Gioco
Spanish	Padre	Adulto	Nino	Juego
Swedish	Foralder	Vuxen	Barn	Spel

The names of the games are colloquial for each country. Rapo holds up well in most languages, although in Italian it becomes "Violenza carnale," and in German "Hilfe! Vergewaltigung!" Schlemiel stays the same except that the Dutch adds: "Stomme Ezel," or Stupid Ass, and the Italians prefer the more formal "Goffo Pasticcione." Joey, who has a fast one pulled on him, retains his identity surprisingly well, although he becomes Jopie in Dutch and Kresjan in Danish.

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* * *

GEORGE

(Our Sponsored Orphan in Crete)

George Writes: The days are approaching when high school will open again and I am very happy. I will now write you some Cretan songs "mantinades" as we call them. 'Today my little bird will come out for a walk, My God, please bring clouds so that it won't get sunburned.' 'When you walk on earth, you decorate the country, The birds you make merry and the flowers to blossom.' You have many greetings from my mother and myself."

A LIVING PROBLEM

"THE GORDON KNOT"

Cyprian St. Cyr

Once there was a man called Gordon. When he was a little boy, his parents tied a monkey on his chest. Every day they made the knot tighter and more complicated, until the monkey was almost a part of Gordon's body. With this handicap, Gordon found it difficult to have any fun or play with other children, and it interfered even more with his life when he grew up. So he decided to go to a doctor and get rid of the monkey.

The first doctor he went to said: "Well, if you will lie still and don't give me any back talk, maybe we can do something." So week after week Gordon lay still while the doctor tried to unravel the knot. At the end of a few years, there were some loose ends, but the knot still held firm. Then Gordon got tired of going to that doctor and stopped.

The next doctor looked at the knot carefully and said: "That's awful. It's not just a knot, it's a double knot." He was a good doctor, but he couldn't get the knot untied.

Gordon then went to a third doctor. This doctor looked at the knot carefully, took out a sword, and with one blow cut right through the centre of Gordon's knot, so that the rope fell off and the monkey ran away.

When the first doctor heard about this, he came to look. He said: "That's not fair. You're supposed to unravel it. And besides, Gordon has a big white spot where the monkey used to be." And he said to the second doctor: "Don't worry, it's not gone for good anyway. Gordon will soon be back for more treatment." And Gordon said to the third doctor: "He's right. That was cheating. You were supposed to unravel it. And I do have a big white spot where the monkey used to be. And besides I miss my monkey."

So the third doctor said: "I'll tell you what. Let's have some fun. We'll paint designs on the white spot where the monkey used to be." So they painted pictures and designs on the white spot. At first Gordon didn't like the idea, but he soon began to enjoy it. "They're only watercolors," said the third doctor, "and they'll wash off any time. And in any case, after a while the white spot will go away and you'll look just like everybody else." But Gordon's friends, when they heard about Gordon having fun like that said: "Disreputable. Disgusting. Cynical. Everybody knows you're not supposed to have that kind of fun. Why can't he stick to standard methods of having fun?"

Question: Why is it usually considered unethical to cut a knot instead of unravelling it?

* * *

Personals

Jane Sivertsen, a Clinical Member from Carmel, California, has been listed in the 1968-69 edition of Who's Who of American Women. Mrs. Sivertsen is a psychologist with the Monterey County Health Department Psychiatric Clinic.

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TRANSACTIONAL ANALYSIS BULLETIN

International Transactional Analysis Association

A Non-Profit Educational Corporation

Volume 7
Number 26
April 1968

The Two Parents *M. Edwards* 37

Script Drama Analysis *S. B. Karpman* 39

Two Contributions *R. Zechnich* 44

Hassletimes and Hasslegames *A. M. Freed* 45

Zero Sum Fallacy *G. David* 47

Scientific Proceedings 48

Berkeley 48

San Francisco 49

Monterey 52

Directory of Affiliates 54

Humor *C. Hardgrove* 57

Educational Activities 58

Organizational News 59

News from Branches 60

TRANSACTIONAL ANALYSIS BULLETIN

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Volume 7
Number 26
April 1968

Eric Berne, M.D., Editor
Gwen McEwen, Editorial Assistant

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. For institutions & libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and inquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California 93921.

Articles, clinical notes, news items, and letters should be addressed to the Editor at the above address. They should not exceed two double-spaced typewritten pages in length, and should conform to the requirements on page 131 of the April, 1966 Bulletin.

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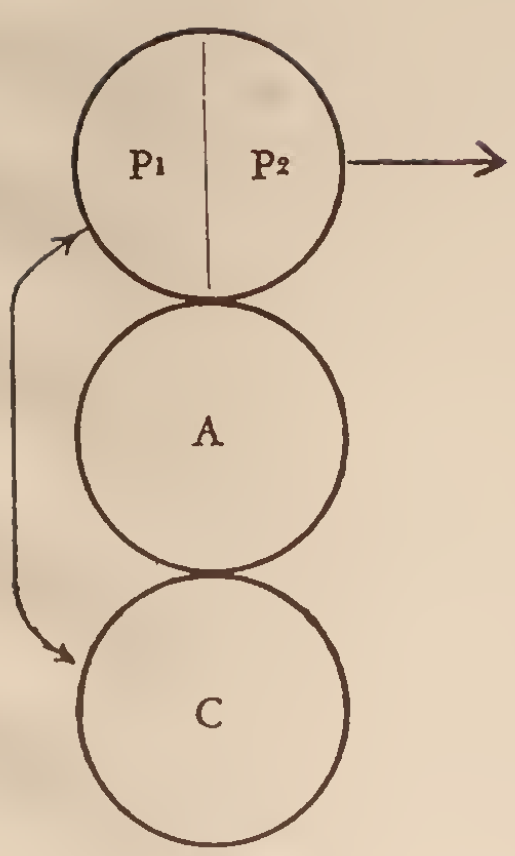
THE TWO PARENTS

Mary Edwards, M.S.W.



DIAGRAM

Each individual has two Parental ego states, and these ego states are separate and distinct. In most cases they are the mother and the father the individual experienced in childhood. P_1, previously called the "influencing" Parent, speaks to the individual's Child. P_2, called the "active" Parent, deals with the outside world and talks to the P, A, or C of other individuals.

INFLUENCING PARENT (P_1): This Parent speaks only to the Child, although others may overhear P_1 messages, as, for example, when a patient says, "You shouldn't tell your troubles in public," and *you* clearly refers to the patient's Child. Often the therapist does not hear the Parent, but infers a Parent-Child transaction from the Child response: blushing, stammering, evasion, sobbing, whining, etc. This Parent tells the Child how to feel and how to behave. Also, this Parent gives negative and positive strokes to the Child.

Only the individual's Child feels the presence of this Parent. Fortunately, however, the individual's Child and Adult can readily identify this Parent to the therapist. For example, when a therapist, noting a patient blush, asks, "What was going on inside you just then?" the patient can, if he chooses, tell the therapist exactly what the influencing Parent was saying. When a therapist says "That is your Parent", a patient will assume the therapist is talking about the influencing Parent; therapeutic errors can be traced to the confusion as to which Parent is meant.

This influencing Parent is the mother, or whoever functioned as mother, the indispensable, nurturing person in the child's life. Many individuals incorrectly identify the influencing Parent as the father, particularly when the P_1 messages are in response to scholastic or business success or failure. ("Good boy to be elected president of Kiwanis," or "You're a failure for not selling that man a life insurance policy.") Actually, although the father may have given direct messages about school and work, the prototype for these messages came from the mother at a much earlier age, centered around creeping, self-feeding, bowel training, etc. It is this mother, the influencing Parent, who continues to give messages about success and failure. Although she does not talk of the outside world, she tells the Child how to feel about strangers, and places restrictions on his behavior toward them.

ACTIVE PARENT (P^2): This is the Parent who transacts with the P, A, or C of other individuals, but does not talk directly with the Child ego state of the individual. This active Parent tells people what to do, what to think, how to behave. He has opinions on baseball strategy, divorce, sex and Vietnam. (An "enlightened" active Parent may argue for masturbation as the key to mental health, while the influencing Parent continues to tell the Child to feel guilty about masturbatory fantasies.) In a treatment group, other patients and the therapist know this Parent well, as they feel his impact. Often, however, the patient seems not to know the Parent at all, saying, "That's not my Parent. It must be my Adult." The same patient rarely makes this error in identifying the influencing Parent.

This active Parent is the actual parent whom the child saw as family spokesman in dealings with the outside world. I believe this Parent is most often the father. However, when the child has limited or no contact with the father, when the mother is seen as dominating, this Parent also may be the mother, as the child watched her at a later stage in his childhood development. I believe this ego state develops later than that of the influencing Parent. (In some families the older brother may take the place of the father, and may be the active Parent.) Examples:

(1) A woman continued to state, in opposition to the therapist and other patients, that her Parental messages were Adult messages. Her *active* Parent functioned as a benign teacher, delivering calm, reasonable, well-documented opinions on what the other patients should do. This Parent is her father, a professor. The patient readily recognizes her *influencing* Parent, *mother,* who tells her Child that she is really weak and helpless.

(2) A Career Non-Commissioned Officer bellows at his children, "Get that lawn mowed now!" They usually obey, but casually, as they recognize this Parent as bombastic but benign. He does not recognize this (active) Parent. After several months of treatment, in fact, he would say to group members, "I want you to listen to this! This is Adult information." The Parent he recognizes is the (influencing) one who exaggerates his small flaws into major failures and gives him messages that he will never be promoted. This is his bitter, carping, mother, he states.

(3) A college student delivers long, pointless sermons, to the great annoyance of fellow students and teachers. In treatment, when asked the point of a sermon, he doesn't know. His Adult and Child tune out that (active) Parent, just as he tuned out his real father. He listens to his influencing Parent, mother, who gives him lots of internal strokes but restricts his spontaneity, especially in sexual matters.

(*Editorial Note: This article is an excellent clarification which solves one of the major problems of structural analysis. It should be carefully read by all practitioners and teachers of T.A. Mrs. Edwards is a Clinical member of the ITAA and is associated with the Carmel Institute of Transactional Analysis.*)

FAIRY TALES AND SCRIPT DRAMA ANALYSIS

Stephen B. Karpman, M.D.

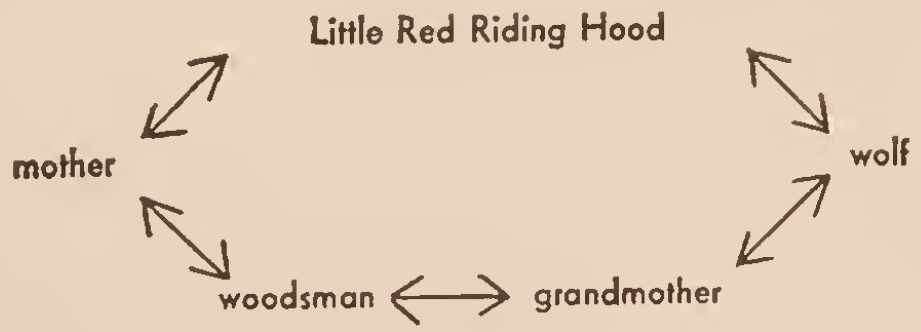
Fairy tales help inculcate the norms of society into young minds consciously, but subconsciously may provide an attractive stereotyped number of roles, locations, and timetables for an errant life script. To date, the scientific structural analysis of scripts has been based on the Script Matrix (See Steiner, TAB April 1966). In this paper I will present some diagrams for drama analysis of the script, using familiar examples from well known fairy tales.

Drama can be analyzed as switches in role and location on a time continuum. The intensity of the drama is influenced by the number of switches in a time period (Script Velocity) and the contrast between the positions switched (Script Range). Low velocity or range is boredom. The time for each switch varies independently, from surprise through suspense.

1. ROLE DIAGRAM. As ego state analysis is part of structural and transactional analysis, role analysis is part of game and script analysis, in defining the identities involved in the action. The slogan-identity on a man's "sweatshirt" usually represents the slogan of his script role. With this slogan it can be ascertained, often with a direct question, what role he is playing in life.

A person "living in a fairy tale" usually has a simplified view of the world with a minimum of dramatic characters. The role diagram provides a means of fixing this set number of key identities visually in therapy. When a person knows his "favorite fairy tale" the key roles can be listed in a circle and from there the life roles can be fit. Less often this is worked in reverse, and the classic story found that fits the roles. This vividness and imagery in circumscribing the action has a usefulness similar to game analysis.

The arrows in the diagram indicate not sequential action, but the rule that all roles are interchangeable, and that a person may play each of them at one time or another, and may see other people, such as the therapist, in each of them at one time or another. Some people may show expressions or mannerisms of several of these at once, as in the case of Little Red Riding Hood (presented below) who at times looked like a grandmother and walked like the woodsman. Ageing, for Little Red Riding Hood, probably means first playing her mother and later her grandmother. The rule of interchangeability is the same as in game analysis where at one time or another, a person plays each of the hands in his game, and in dream analysis where "every person in the dream is the dreamer." A treatment may not be complete until a person's position in each of the roles is analyzed.



ROLE DIAGRAM

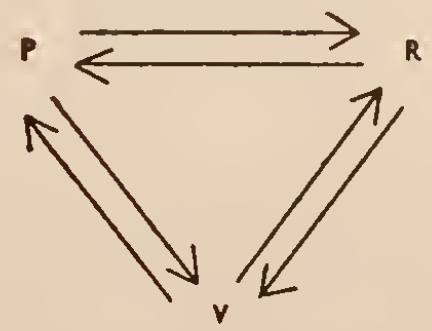
2. DRAMA TRIANGLE. Only three roles are necessary in drama analysis to depict the emotional reversals that are drama. These action roles, in contrast with the identity roles referred to above, are the Persecutor, Rescuer, and Victim, or P, R, and V, in the diagram. Drama begins when these roles are established, or are anticipated by the audience. There is no drama unless there is a switch in the roles. This is indicated by a change in the vector direction along the diagram. Examples will be given from three fairy tales to illustrate some of the ways of using this.

A. In the Pied Piper, the hero begins as Rescuer of the city and Persecutor of the rats, then becomes Victim to the Persecutor mayor's double-cross (fee withheld), and in revenge switches to the Persecutor of the city's children. The mayor switches from Victim (of rats), to Rescuer (hiring the Pied Piper), to Persecutor (double-cross), to Victim (his children dead). The children switch from Persecuted Victims (rats) to Rescued Victims, to Victims Persecuted by their Rescuer (increased contrast).

B. In Little Red Riding Hood, the heroine starts as Rescuer (food and company to grandmother, R → V, and friendship and directions to the wolf, R ← V). In a suspense switch she becomes Victim to the wolf-Persecutor (P → V), who in turn, in a surprise switch, falls Victim to the woodsman Persecutor (P → V) who, in this one act, playing two roles at once (increased velocity), also Rescues LRRH and grandmother (R → VV). In one version, LRRH playing all three roles, winds up as Persecutor sewing stones in the wolf's belly with the woodsman. Grandmother's switches go V ← R, V ← P, V ← R; the wolf, V → R, P → V, V ← P (arrow direction indicates initiative, the letters refer to the participant's position on the triangle).

C. In Cinderella, the heroine switches from Victim double Persecuted (mother then stepsisters), to Victim triple Rescued (fairy godmother then mice then prince), to Victim Persecuted again (after midnight) then Victim Rescued again. A rough quantitative analysis can be made of the intensity of the drama for her by totalling up the switches; Vpp → Vrrr → Vpp → Vr = 8 switches.

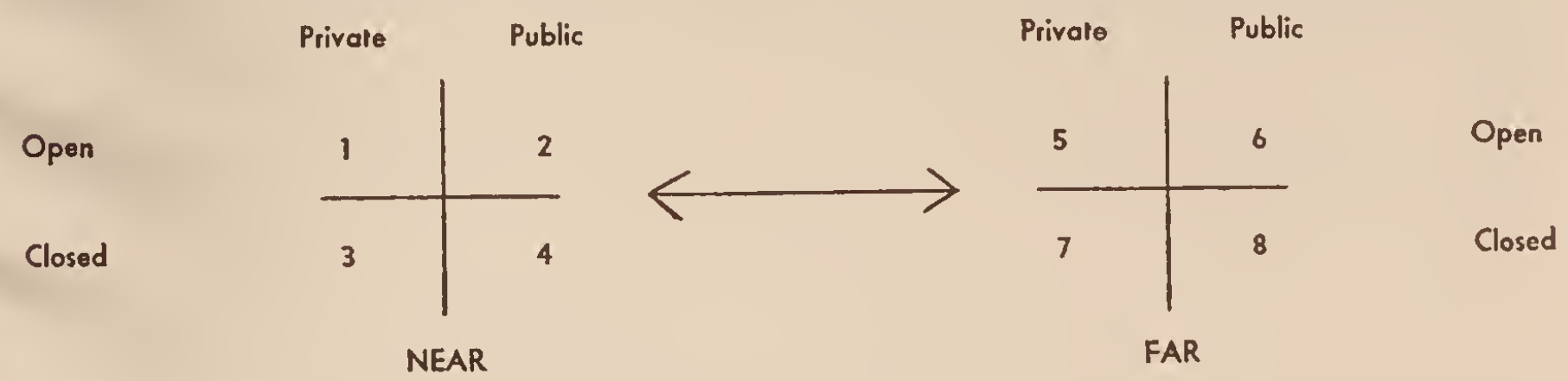
Drama compares to transactional games, but drama has a greater number of events, a greater number of switches per event, and one person often plays two or three roles at once. Games are simpler and there is one major switch, i.e. in "I'm Only Trying to Help You" there is one rotation (counterclockwise) in the drama triangle: the Victim switches to Persecutor and the Rescuer becomes the new Victim.



DRAMA TRIANGLE

3. LOCATION DIAGRAM. A. Drama. The Location Diagram simplifies the switches in location to the major vector axis Near and Far, both of which have minor divisions into Closed and Open, and Public and Private. The drama is in the switch in location, and is intensified by the Script Range (house to castle ballroom, Wuthering Heights to China, front yard to Oz, etc.) and Script Velocity (changing adventures of Pinocchio, Ulysses, etc.). Many other factors can be added to step up the degree of contrast experienced as well as intensifying the role drama, such as time of day or season, temperature, noise level, lighting, dimensions, unconscious symbols, etc. Weather and landscape play a strong part in historical novels that show switches in characters during a switch in history.

The diagram is numbered here only for reference to the list of examples below it. which draws from fairy tale as well as real life locations.



LOCATION DIAGRAM

1. Clearing in the woods, pond, front yard, rooftop, open pram.

2. Market place, playground, street parade, swimming pool, stadium, freeways.

3. Pond, oven, burrow, bedroom, consultation room, brain.

4. Tavern, theatre, witness stand, delivery table, conference rooms, elevators, locker rooms, supermarket, gambling casinos, hospitals.

5. Flying carpet, hilltop, enchanted garden, milky way, tundra, sky, desert, prairie, quiet beach, safari trail.

6. Magic kingdoms, ships, ski resorts, battlefields, summer beaches, European cities, Timbuktu, Heaven.

7. Cave, grotto, gingerbread house, whale's belly, castle tower, space station, Egyptian tomb, igloo, diving bell, underground passages, casket.

8. Wonderland, castles, vacation hotel, reform school, slave quarters, barracks, cabarets, cathedrals.

Imagining an actual trip between any two of the above in one day reveals the drama in the switch in locations. A diagram within a diagram for a finer location analysis could be made by redrawing the entire location diagram within anyone of the eight subdivisions. Some examples from that would in-

clude the contrast of being closed in an open space (outdoor telephone booth, rocket ship, etc.) and being in a closed space that is both private and public (wedding chapel, restroom, etc.).

B. Space structuring. In therapy, the location diagram can be used to visually illustrate location changes a person has made, and at times in comparison to others. It may be useful to show a person's travel patterns and liken it to a script pattern. Many classic stories have Odyssey patterns that include much travel, while others have long sleep times of no travel, such as Sleeping Beauty and Rip Van Winkle. A fairy tale pattern of travel, such as house — woods — clearing in the woods far away — gingerbread house can be charted numerically as 3 — 1 — 5 — 7 for reference.

Space structuring, like time structuring, can be useful in similar ways. Visually it illustrates eight possible preferences and locates where a person spends his time. For a script pattern, the scene of someone's tragic ending can be localized in advance, and a 'script trip' avoided. One patient realized her suicidal drinking stemmed from fears of living alone (private, closed apartment) and changed this by getting a roommate.

Changes in life spaces can result in a bender or a reprieve. Important life decisions are established on entering new script locations, such as a new job, home, vacation, or on entering therapy. Changes in location also may result in separation anxiety or arrival anxiety, often charged with script significance.

Interpretations about what room a person seems to psychologically be living in, with its imagery and concretization of reality, has long been a part of TA therapy techniques. People carry their script rooms around them, leading to such things as pillow talk in a conference room, public lectures in a bedroom, bathroom talk at a PTA social, and tenement house talk at a debutante ball. Parental injunctions can influence location overlaps, such as "Don't ever leave home" and "Be in two places at once." In one case a man who was warm and friendly in his office but cool and aloof in the hallways was discovered to have grown up living in a single room with his mother, and hallways were a nomansland as he moved in life from one warm room to another.

4. CHILDHOOD SELECTION. The exposure a child receives to influential myths, fairy tales, and classic stories varies from family to family and culture to culture. Cultures vary not only in the natural selection of popular tales to be retold and reprinted and in the writing of new ones, but in the versions of the well known ones that are available. Perhaps a half dozen or more different artificial, tacked-on endings are known to Cinderella and Little Red Riding Hood alone. A mother reading stories to her child has a pick of versions that are happy, sad, violent, inauthentic, etc. Her age or marital status or preference for the child may influence her pick. Many fairy tales include "getting rid of the kids for awhile" indicating that they may be therapeutic for the mother, a communication to her children, and that they pass on through

the generations as much due to the mother's preference as for the child's. Children's readers provide a script role (i.e. "The Curious Chipmunk") but not a script in that they are not intuitively derived "classics." Sometimes a person who cannot remember his favorite fairy tale has only to ask his mother, who will remember.

The script matrix has been used to plot the formative parental permission and injunction transactions. Various script-forming transactions occur at the time of the reading of the fairy tales. A nudge or a warm smile by mother may mean "that's you" and put a "Don't think. Be Cinderella." on the script matrix. In the spirit of fun and a "Let's pretend" contract between mother and child, certain of the very important "Don't think" injunctions can appear, such as "Don't notice minor players," "Don't pay attention to the endings (payoff)," and "Go through it over and over again." The fairy tale is particularly effective and "takes" if it reveals the "family myth" around the child, as well as giving the longitudinal time matrix for the injunctions to be carried out.

A CASE HISTORY. Sometimes the mother and child might miss the moral of the story and contract that the minor roles are more attractive than the one of the hero or heroine. In a case which might be called "Little Red Riding Hood meets 'waiting for Cinderella'" presented at the San Francisco Transactional Analysis Seminars, a mother cast her three children in separate roles in a "family fairy tale." It was an interesting example of sibling birth order and personality formation in that they were cast in the order of appearance in the Cinderella fairy tale. The older sister, the blacksheep of the family and without permission to look attractive, was the Stepsister who took her unhappiness out on the younger sister, later overworked the Cinderellas she supervised at work, then overworked her daughter after being married and divorced. The second born sibling was Cinderella, abused and undiscovered in childhood, converted by religion (fairy godmother); she grew up with permission to be pretty and married well. The third child born was a boy, a charming prince type who was always "waiting for Cinderella" but had something unexpected happen to all his romances (the midnight "Rapo" in his castle) and came into therapy because he wasn't "living happily ever after."

His girl friend, a Little Red Riding Hood type, came in for therapy too. When young, she was taught by her father "Experience is the best teacher" and "Do as I do, not as I say" and was told interesting luridly detailed stories of his "woodsman" adventures as an officer with the Los Angeles vice squad. At night in San Francisco she would stroll innocently around in the "woods" of the Tenderloin and North Beach districts and never got harmed. One day she met the optimistic, "waiting-for-Cinderella" prince, but continually yelled "wolf," from her fairy tale. He experienced this as once again something "unexpected" happening to his romances. It wasn't until much later that he rescued her from the North Beach wolves who had talked her into being a call girl (errands) whereupon she fell in love with him as the awaited "woodsman" in her script, and gave up her game of "Stupid." But for him, she wasn't his Cinderella anymore because it hadn't been love at first sight.

I. Two Kinds of Paranoia

The concept "paranoia" encompasses many cognitive, affective, and behavioral features. Some of these simply do not describe any actual individual patient. The discrepancies between the concept and live patients can be resolved by recognizing that there are two distinct "paranoid" phenomena, each with its own characteristics.

A. Paranoia in the Child: "Do they love me?" "Am I ok?" "Maybe they don't like me." "They think I'm not ok," and the accompanying features of hyperalertness, hypersensitivity, etc. "If they see me or know me (i.e., "If I expose myself") they won't like me." This type may be accompanied by hallucinations.

B. Paranoia in the Parent of the Child ("downstairs Parent"): the position is — "I know where the evil is, and what to do about it"; the evil is the Jews, the Communists, etc. This explains the hate, the spying, the accusations, etc., and fits with the "Ain't it awful" and "They're not-ok" group of phenomena. This type may be accompanied by delusions.

Now the various features of "paranoia" do correspond with the cluster of characteristics observable in real patients. (Still difficult to classify is the paranoia secondary to post-menopausal depression, which is dogmatic and projective and systematized, but does not offer a program of action and is associated with the position: "I'm not-ok". Presumably the latter reflects the *depression,* and the paranoid elements represent an incompletely successful compensation of the "downstairs Parent" type.

II. WOLF: A New Game (Watch Out, Liars Fool You)

Thesis: White tells a story and the other player (s) get (s) sympathetically involved. Afterwards White reveals that it was entirely fictitious — a "put-on". Now Black is (are) angry, and ready to listen skeptically next time. However, next time White tells a *true* story — garnished with non-verbal disqualifiers and some improbable content elements. Black may ask some "tricky" question along the way to detect inconsistencies. In any case Black at some point says "I don't believe you". At this point White states that the entire episode is accurate (which it is) in all details, and that "people just don't believe me when I tell the truth, so what's the use?" Hence White wins either way: if the story is true and is disbelieved, he gets angry because people never believe the truth; if it is fictitious and taken seriously, he has demonstrated that people are gullible, and the others get angry at him (negative strokes).

Aim: Vindication

Dynamics: Oral aggression

Roles: *Story-teller;* Skeptical Listener.

Antithesis: Listen respectfully, and unvaryingly assume the story is true. If later White declares it to have been a put-on, laugh — implying in the spirit of: "You sure put one over on me, and that was fun!" This deprives White of the excitement of the "detective" element, and the anger in either direction which the game otherwise generates.

Moves: 1) Put-on indignation
2) True story; disbelief
3) Put-on or true story; belief or disbelief
4) Indignation; defeat
The mild first degree game is harmless and pleasant.

Transactional paradigm:

Adult-Adult: "Let me tell you what happened to me on the way to the forum."

Adult-Adult: "I'll listen and try to understand."

Child-Parent: "If you believe this one, you're really gullible."

Parent-Child: "If you're lying to me again, I'll punish you."

Child-Parent: "This is the truth, but you don't believe me."

Parent-Child: "You're lying to me again."

Examples: "On the way to school this morning a rabbit came up to me and said 'Good Morning' and told me all about the Rabbit School" . . . "Yes, dear".

"On the way to school I saw a bad accident and a lady got her face cut and a broken leg" . . . "How many times do I have to tell you not to make up stories?"

Advantages:

Biological: Wrist-slapping or spanking

Existential: People are gullible; nobody believes me

External psychological: Avoids responsibility for being credible, in the *Kantian sense*

Internal Psychological: Justifies distrust towards others (especially authorities)

Internal social: WOLF

External social: Pastimes — "People are gullible"; "Nobody believes me."

HASSLETIMES AND HASSLEGAMES

Alvyn M. Freed, Ph.D.

Hassletimes are those when families are most likely to experience stress. Then families play Hasslegames. Hasslegames occur regularly and their outcomes, as in most games, are predictable. The kinds of Hasslegames each family plays become traditional. Hasslegames can be mild or severe and often result in family breakup or individual breakdown. Identification of Hassletimes can lead to family planning (contracts), intended to reduce or prevent Hasslegames. Relief has been reported when just one Hasslegame was eliminated. Families then gained the confidence and trust necessary for attacking other more difficult games. A second payoff of the recognition of Hassletimes and Hasslegames is the ability of the family to operate effectively in times of unexpected crises. Presently identified Hassletimes (HT) and their attendent Hasslegames (HG) are as follows:

HT-1: GETTING UP! "I am getting up" "Just one more minute" "I'm too sick to go to school" "Mommy I can't" ("tie these," etc., a variation of "Stupid") . . . "ok . . . OH KAY! OH KAYYY! !"

HT-2: BREAKFAST AND GETTING OFF: "I don't like . . . " "Eat your . . . " "I don't want . . . " "Mommy I . . . Shut up and eat or you'll be late." "Dawdle" (If I play around long enough I can bug mommy) "I'm going . . . do you have?" "I'm going . . . wait for . . . Oh no!" "I forgot my . . . now you'll be late."

HT-3: GETTING HOME: "Why so late: why did you stop off when I've told you . . . " "Go change your clothes" . . . "Always mad" ("You're so unpleasant to come home to") "What a day this has been . . . you think you've had a day" (1st degree).

HT-4: FIVE O'CLOCK SHADOW or THE STORM BEFORE THE STORM: (Pre-dinner warm-up) "Mommy may I . . . how many times have I told you." "Get out of my way, my kitchen, those cookies," etc. . . . Harried, Martyr: "Nobody knows the trouble I've seen" "(You've seen!)" . . . Uproar: "Wait 'til your father gets home," "Ma, he (or she)" (TV Tug of War) . . . "What a day this has been." (2nd degree).

HT-5: DINNERTIME: "EAT, EAT, EAT!" (With wide variations on the theme, i.e. "Eat your . . . !") Schlemiel; Mealtime Uproar; "I don't like . . . eat it anyway." "Look how hard I try" ("I slave over a hot stove and that's the thanks I get.") "How is it?" . . . "Nobody can please you!" "Ma, he . . ." "Tattle tale time," "Inquisition" ("Let me tell you what your . . . did today.") Pontius Pilate: "I wash my hands of it," "Ma, must I? . . . yes! why?"

HT-6:HOMEWORK or MUSICAL PRACTICE: "Did you . . . ?" "How long . . . ?" "If you don't . . . I'll . . . !" "Now hear this . . . !" Pontius Pilate: ("It's up to *him,* (you)" . . . "I couldn't care less, but . . .")

HT-7: TV GAMES: "Turn it (on, off, down, to another channel)" "It's my

turn . . . Ma, He . . . !" "Just one more show" "Go to bed" "I told you a half hour ago." "Mom, Dad says I can . . . " (Let's you and him fight).

HT-8: BEDTIME GAMES: "NOW! . . . WHY!?" "I'm not sleepy," "Uproar" (Let's you and him fight), "Why can't I stay up . . . Johnny does."

HT-9: BILL GAMES: "I can't afford . . ." "What happens to the money I give you?" "It's all you." "If it weren't for *you*."

HT-10: THE LONG TRIP: (Family Car) "Daddy, I . . ." "Ma — she . . ." ("She has my . . .") "Let's . . ." "Gottago!" ("Please stop . . .") "Daddy, can we . . ." "How much further to . . ." "There's nothing to do . . . watch the scenery." "Jump seat." (Can I come up there? . . . No! . . . Why?") "Backseat." ("You're going too . . . fast, slow.")

Dr. Freed is a Special Member of the ITAA,
and uses the above in his work with children and grownups.

ZERO SUM FALLACY

George David, M.D.

An aspect of mathematical game theory appears to have clinical application. Most traditional games such as chess or football are "zero sum" games in that whatever one opponent wins, the other loses.[1] There are, however, many human transactions which are not adequately described by the zero sum model. For example, when a customer pays money in exchange for merchandise both the customer and the store keeper are better off than previously. If they were not, or did not think themselves to be better off, the trade would not have taken place. It has been noted that fruitless discord commonly occurs when a person misperceives a transaction as being a zero sum adversary situation when in fact it is possible or even necessary for both parties to the transaction to win.

For example, a patient may attack the therapist thinking that if he can defeat the therapist the patient will be better off. Also, pupils frequently experience a sense of triumph when they ask a question the teacher cannot answer. The sense of triumph would appear to be based on the idea that the pupil is O.K. if he can demonstrate that the teacher is not O.K. In reality the repetition of such transactions is a waste of time in that it is not productive of new information for the pupil.

The notion that one person's gain is not necessarily another's loss, and conversely that one person's loss is not another's gain appears to be a difficult one to recognize for many people. Steiner has suggested that perhaps all pathological games contain the element of a failure on the part of the participants to recognize how they could structure their transactions to their mutual benefit.

[1] *Scientific American* 217: p. 127 (*Dec.* 1967).

The abstracts below are written for professional readers who are assumed to be familiar with the principles and language of transactional analysis.

BERKELEY TRANSACTIONAL ANALYSIS INSTITUTE

December 4. Douglas Ridenour: "Group Treatment of Male Delinquents."

Ridenour offered an example of how transactional analysis can be effectively used to modify the behavior of "juveniles on probation in the community. These boys can be committed to the California Youth Authority if returned to Court for law violations. Nine were selected as being in greatest need of a different, more effective treatment method. Their ages range from 11 to 17 years. Most had a record of numerous law violations. All had serious school and home problems. All had difficulty discussing their feelings, relating to authorities, trusting grownups. The group meets weekly for 90 minutes.

The goal of treatment is to "make it" on probation. During the first meeting each boy was asked, "What is most likely to get you 'busted'?" This was explored and a contract established with each boy. Ego states and transactions were introduced during the first four meetings in relationship to specific problems. They were encouraged to discuss specific problems in their relationships to teachers, police, probation officers, peers and family members and to "come on straight," express feelings, and deal with anger and with transactions in the group. Transactional analysis was used as a means of communication and understanding, as demonstrated on tape recordings.

A study at the end of six months indicates that although each boy continues to have serious adjustment problems, there have been some significant improvements. There have been fewer law violations than previously. Two boys returned to Court for violations, and another received two traffic citations. Most boys showed a marked improvement in school and at home.

In summary, group treatment using transactional analysis has given the following advantages: 1. Lines of communication have been opened between the boys and the probation officer, based on an increased feeling of trust. 2. The boys have felt more at ease in "coming on straight" in expressing their negative feelings and inadequacies. 3. They have learned that transactions can be discussed and explained in terms of transactional analysis so that they can better understand themselves and their relationships to others. 4. They have become aware of the rebellious, angry Child and the critical Parent, and are better able to modify their behavior by becoming more Adult programmed. 5. An opportunity has been provided for the probation officer to encourage the Child in each case and to grant permission to the Child to terminate undesirable behavior.

FOUR CONTRIBUTIONS: MARTIN GRODER, M.D.

I. "Trading Stamps."

An important aspect of trading stamps is their ready availability to motivate behavior during a time when current stimuli would not be adequate to explain behavior. Thus, a current situation, e.g., a minor domestic crisis (game) can be used to explain a major act, e.g., a suicide attempt, by appeal to (trade in) the hoard of years of brown stamps (hurts), red stamps (angers), and blue stamps (guilts). The modal statements in these cases are either, "I've had it up to here" or "It was the straw that broke the camel's back." "See What You Made Me Do" or "Look What You Did To Me" is the leverage which keeps the partner in line for a new period of "saving it up."

Another aspect of trading stamps is their reinforcement of the existential position (a variant of "Wooden Leg" which goes, "How can you expect someone who is so (guilty, angry, hurt) to get better (throw away the stamps)"? This "proves" that the patient must stay the way he is.

An additional aspect of trading stamps is that silently collected stamps (e.g., silent anger in a NIGYSOB) may be later traded in for a verbal version under more propitious (Black more vulnerable) circumstances.

The following are some suggestions and comments about some less well described stamps:

Confusion (Jackson Pollack - abstraction) are used by people who don't have permission to use their Adults. An avid collector once said, "It seems clear but I'm confused anyway, just like I always get."

Inadequacy stamps (neither white nor gray nor any definite color) collecting allows the collector to indulge in statements like, "I know I should be able to understand you but I just don't seem able to."

Triumph stamps (gold-plated brass) are collected by heroic figures who "blow their own horns."

Praise stamps (gold) are *collected* by people who plan on "resting on their laurels, someday."

II. "Script and Counterscript."

The script protocol is set down in the pre-Oedipal and Oedipal eras in the form of injunctions and broad decisions. In latency, the script prototype is

set down. This prototype is often a fairy tale but may be other childhood stories written, verbal, or electronic. The "little Professor" chooses the story either as an independent insight ("That's who I am") or by being given the story by mother's Child with the injunction, "Read this one, over and over." In adolescence and young adulthood, the script adaptation is choosen which now includes the counterscript (with its own injunctions and decisions) in one of two ways. The first is as a period of false hope in hamartic (tragic-self destructive) scripts such as "Alcoholic" ("Lush" variety) which heightens the drama. The second is a matrix of Parent, Adult and Child activities and operations within which the script can be woven such as "Debtor" in a counterscript of "Family Man."

III. "The Permission Transaction".

Patient — "My wife is being shipped in by plane tomorrow."

Therapist — "You make her sound like baggage."

Patient — "Well, she is."

Therapist — "Have you ever looked at her?"

Patient (frightened Child) — "Who, me, look at that Medusa — no."

Therapist — "Would you like to look at her as a person rather than a Medusa?"

Patient — "Yes."

Therapist — "It's O.K. with me to look at her like a person! Let's see what you see."

Patient (laughs) — "O.K."

Next visit:

Patient — "I looked at her and she's a real person." (Adult)
"It feels like the stone is out of my eyes." (Child)

Therapist — "Great."

Here the therapist first uses his Adult to establish the facts: "Have you ever looked?" Then his Parent to give permission: "It's O.K. with me to look," then his Child: "It's great to look."

IV. "Let's You And Him Fight."

This is a clinical example of "Let's You And Him Fight" in which White's payoff is a free withdrawal (to a monastary).

White, the husband, is a 35 year old musician (former Vedanta monk) whose father and mother divorced at age 11 and who arbitrarily was sent to wander with mother's scared Child in the "Woods of Life." Mother's sexually rapacious Child was the Witch mother. The decision at 11 was "Next time they'll fight over *me* and *I'll* leave *them*." His favorite fairy tale was "Hansel

and Gretel". (He being Hansel; mother's scared Child, Gretel; and her sexually rapacious Child, the Witch.) Mother, according to reports of White and Black, plays both "Rapo" and "Threadbare."

Black, the wife, is a 31 year old former burlesque queen whose stage name means, "The Wanderer." Her favorite fairy tale is "Rapunzel" with her Grandmother being the Witch; her favorite game is "NIGYSOB," especially the variant "Come To Find Out." (For her, the crucial transaction in Rapunzel is the innocent slip of the tongue about the prince's visits, whereupon the witch "Comes To Find Out".) She saves her "NIGYSOB" stamps for free quits (wanderings) in which she is then free to look for her "true prince."

"Mother Man" is a 30 year old practicing homosexual who is the "best friend of the family." He presumably is a "Kick Me" player as the two-handed part of the game between White (the husband) and "Mother Man" is a homosexual variety of "Rapo", second degree.

For years, Black (the wife) and "Mother Man" have been competing for White's attentions. Black accuses White of sexual interest in "Mother Man" which White "naively" denies. Black accuses "Mother Man" of sexual interest in White which he admits but not in front of White. The three of them plan a trip together to Mexico with single room occupancy and the car belonging to "Mother Man." Black "knows" that "Mother Man" will "try it" then but White "naively" denies it. All look forward to the trip with eager trepidation (script feeling). Black states clearly she will leave both of them if "it happens" and White will be stranded there in Mexico. (Unfortunately for verification, but fortunately for the actual people, this trip was cancelled after a detailed analysis along the lines of the above). The game was also played in milder form with the husband's mother in the third role: that is, rivalry between his wife and his mother.

A formal analysis of this game — "Let's You and Him Fight" — Marital Withdrawal Variety, is as follows:

Thesis: "I always get left"

Aim: Isolation

Roles: Loner, Spouse, Sexy

Dynamics: Oedipal (most clear when third player is husband's mother) with oral substrate revolving around question of "Who's going to have (eat) this Kid."

Example: 1—Child runs away as parents fight over who is going to nave him.

2—Above clinical example

Social Paradigm: *Adult-Adult*

I Black A "I think he (your mother) feels sexy toward you (would like you back)."

White A "He's just my friend." ("My mother is just lonely.")

II Black A "Are you after my husband?"
Sexy A "No, we're just friends." ("He's just my son.")
III White A "We are just real good friends, right?" ("You are just my mother.")
Sexy A "Yes, we are just real good friends." ("Yes, I'm just your mother.")
IV White-Black-Sexy A "We are just one big happy family."

Psychological Paradigm: Parent-Child, Child-Parent

I Black P "You just wait until I catch you." (NIGYSOB)
White C "You just try." (Cops and Robbers)
II Black P "You just wait until I catch you." (NIGYSOB)
Sexy C "You just try." (Cops and Robbers)
III White P "You just wait until I catch you." (NIGYSOB in "Rapo")
Sexy C "So, catch me already." (Kick Me)
IV Child-Child-Child—"Oh boy, is this sexy!"

Moves: (1) Rapo first degree — Accusation (2) Rapo first degree again Accusation (3) Rapo second degree — NIGYSOB (4) Payoff — Isolation.

Advantages: (1) Internal psychological — denial and projection of both positive and negative Oedipal wishes (and oral sadistic ones).
(2) External Psychological — avoids sex.
(3) Internal Social — "Get Lost."
(4) External Social — "Ain't it Awful."
(5) Biological — Sexual and belligerent exchanges.
(6) Existential — Depressive position — "I always get left."

Dec. 8. Philip Mothersill: "Three-dimensional Therapy." (Tape)

Mothersill felt that one of his clients, Heinrich, in a marital group was trying to "take the group away from him." As Seminar members heard portions of the tape of a group session, they noted that Heinrich's voice had an angry edge from time to time. Mothersill asked "How can I deal with Heinrich's anger?"

Kupfer said there were two types of therapists — one type was two-dimensional, like the images on a movie screen, the other three-dimensional, like people. "The operational difference I saw in the way the two types worked was that the two-dimensional therapists were content to follow up what the patients were doing (like following them around); the three-dimensional therapists observe everything, hear everything with all three ears, and "are on top of the group." Mothersill was advised to push Heinrich, to get that stamp-collecting choice right before his eyes and let him see that he is choosing to collect 'mads'; to let him see that there are alternatives to stamp-collecting.

January 12. Robert L. Goulding: "Supervising a Trainee."

A trainee therapist; Fred, asked the Seminar "How do I keep patients from 'bugging' me?" Seminar members heard portions of a group session tape; Fred pointed out those portions during which he felt bugged. Several Seminar members suggested: "When you feel that the patients are bugging you, check out why you are not in an Adult ego state, which ego state you are in, and what the patient is trying to do to you."

In portions of the tape during which Fred did not feel "bugged," Seminar members noted that all of his verbalizations fell into one of two categories: (1) straight questions, and (2) straight factual statements, immediately observable and verifiable by members of the group.

January 19. Jane Sivertsen: "How to Keep a Patient" (Tape)

Mrs. Sivertsen reviewed records of patients who had left various groups and asked the Seminar to consider what therapists do that keeps patients in groups, and what therapists do or don't do which causes patients to leave groups. Reviewing portions of old tapes, the Seminar members concluded that some patients who later left group treatment prematurely had taken little part in group transactions. They also concluded that these patients had not been sufficiently confronted about their habitual "side-line sitting."

It was suggested that some of these patients seemed to sit silently and collect brown stamps while doing it. When they had sufficient stamps they were entitled to a "free quit."

March 22. Gloria K. Bush and Kenneth J. Fabian: "Multiple Parent and Child Ego States."

Bush and Fabian presented a theoretical view of object-relations in transactional analysis. Their technique for isolating pairs of Parent—Child ego states was to ask patients to recall the childhood names or nicknames by which they have been called or have called themselves in fact or fantasy. Changes in voice, muscle tone and mannerism were seen as occuring with descriptions of different nicknames. Bush advises that no one should attempt this technique without first having his own nicknames studied by a qualified person.

Personals

David Kupfer spent two weeks in Honolulu. He held one marathon for psychotherapists and one marathon for psychiatric residents. He taught an Introductory Course to a group of psychiatric residents and also had a group of psychiatric residents in intensive short term group treatment. He also discussed the principles of transactional analysis on a local TV Station.

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* * *

GEORGE

(Our Sponsored Orphan in Crete)

George sent us a picture of himself and looks well. He likes arithmetic and history. He would like to become a pilot. George writes: "A friend of mine gave me two pigeons, small ones, and one of them with a broken leg. I love them very much. Now I shall write you some mantinadas! 'All the birds that pass by here, I beg them to tell you my greetings.' At the time of writing you the weather is rough and wild and resembles an enemy trying to smash the boats in the harbor. The migrating birds have departed from our country."

How I Kicked The Chocolate Habit

I had a sorry problem. I was the only grandmother on the block with acne — my hips were spreading, I was ashamed — guilty — and had sour stomach. I was a chocolate sneak.

The instant the thought "chocolate" struck me, I had to have it. I was obsessed—consumed—with the lust for chocolate. And then I put TA to work.

Before TA, the inner dialogue went like this:

Child: "Me want chocolate!"

Adult: Don't you dare — you're disgusting; you'll never amount to a damn — pig — spendthrift — look out, you almost hit that car in your greedy haste. Put a penny in the meter."

Child: "I'll take two of these and three of those and four of those."

Clerk: "Fifty-four cents please?"

Parent: "See pig — if you had all the money you'd spent on candy all these years, think of what you could have — look at your poor children — and you're not even going to give them any, are you?"

Child: "No — ha ha — it's not good for them!"

Child stuffs candy rapidly, each piece tasting worse than the last until large spots are swimming before her eyes—

Parent: "See pig — you feel awful, don't you, serves you right—"

To change this unhelpful dialogue (unhelpful because it never deterred a single purchase of chocolate in the entire time it existed), the Parent had to be changed to a friendlier voice who made use of the data collected and stored in the Adult's memory.

The revised dialogue went like this:

Child: "Want candy!"

Parent: "Do you sweety? Yum, yum, that does sound good — tell me, baby doll, what kind are you going to get — how about some truffles, do you like them?"

Child: "Just a sec—I'll ask my Adult—"

Adult: (Flashes memory taste and sensation of truffles) —

Child: "Ugh — stomach ache, bitter taste, terrible disappointment."

Parent: How about peanut brittle, rocky road, maybe Hershey bar? Fudge? Pecan buds, Bon Bons — "

Adult flashes appropriate memory for each — and Child is confronted with information about taste. Terrible knowledge grows; she doesn't like candy — her Parent was sending her to the store all these years to collect hickory switches for her own beatings.

With the softened Parent voice — the renunciation of the mean lady in favor of the friendlier new Parent — the three of us have lost five pounds and found better things to do than stuff chocolates to the tune of tongue lashings.

Booze . . .

TA at the APA

The Annual Meeting of the American Psychiatric Association will be held from May 13-17, 1968 in Boston, Mass. The ITAA panel on "Transactional Analysis and Teen Age Drug Users" will be held at 8 p.m. on Thursday, May 16. The panelists will be Berne (Chairman), Allen (Boston), Dusay (San Francisco), Everts (Berkeley), Poindexter (Sonoma) and Steiner (Berkeley), all of whom have had experience in this field in the Haight-Ashbury and Berkeley areas. In addition, Berne will be Secretary of the general session on Group Psychotherapy to be held on Wednesday morning, May 15, and Dusay and Goulding will discuss papers at the same session. The hospitality headquarters will be in a suite at the Sheraton-Plaza. All ITAA members and their friends are invited to the evening celebrations on Wednesday and Thursday.

TA in Vienna and Prague

The ITAA will present a program at the Fourth International Congress of Group Psychotherapy in Vienna, September 16th to 21st, 1968. Any members of the ITAA who wish to come to Vienna and participate in this program, should write to Eric Berne, M.D., P.O. Box 2111, Carmel, California 93921.

The proposed program and the participants so far are as follows:

1. "The Relationship of Transactional Analysis to Other Therapeutic Systems," by Eric Berne, M.D.
2. "The Transactional Theory of Personality," by Claude Steiner, M.D.
3. "Transactional Analysis as a Therapeutic Method," by John Dusay, M.D.

It is proposed to present a 3-hour Symposium consisting of the three brief expositions given above, with time for discussion and questions following each one.

Other participants are: Stephen B. Karpman, M.D., Pamela M. Blum, M.S.W., Carol Lynn Kay, M.S.W. and Kenneth V. Everts, M.D.

We have also been invited to the International Congress of Psychodrama and Therapeutic Community in Prague, September 23rd to 26th, 1968, and we propose to present a similar program entitled "Transactional Analysis in the Therapeutic Community."

Following the attendance at the scientific meetings, it is proposed to go to Africa to give courses in transactional analysis and also to go on a safari while we are there. For those interested in going to the Congress, please indicate also whether you would be interested in going on the safari. At present it would be best to count on standard tourist class air fares for any portion of this trip or the whole trip. If circumstances warrant, it may be possible for us to get a reduction on these fares on a group basis, but please don't count on this. We will not have any information about it until very close to the actual time for departure. It would therefore be best for those going to count on paying the full fare for each portion of the trip.

Summer Conference

The Sixth Annual Summer Conference will be held August 23-25, 1968 at the Mark Thomas Inn, Monterey, California. Immediately preceding the Conference there will be a three day workshop including a 101 Introductory Course for credit, also at the Mark Thomas Inn. There will be clinical panels and papers, and several workshops focusing on specific aspects and uses of TA. Flyers for the Introductory Course workshop will be mailed to all members during the latter part of April. Flyers and registration forms for the Conference will be mailed on June 1 and on July 1.

January Executive Congress

The Fourth Annual Executive Congress of the ITAA was held on January 13-14, 1968, at Sacramento, California. Twenty-two advanced members attended. The following is a summary of the Minutes.

Heads of Study Groups who are not clinical members and who wish to send observers to the Executive Congresses, may write to the President of the ITAA to obtain clearance.

Martin G. Groder, M.D., a San Francisco psychiatrist, and John R. Cooper, Ph.D., a Chicago psychologist, were accepted as Clinical Members of the ITAA.

Currently under review is a proposal by Claude Steiner, which would create a new class of advanced membership for nurses, probation officers, ministers, school counselors.

Future applicants for Clinical Membership will be required to present a paper at the Summer Conference.

Tenth Anniversary Party

A party celebrating the tenth anniversary of the ITAA and its predecessors, the SFTAS and the SFSPS, was held at the home of Jay Nichols in San Francisco on March 16, 1968, although the actual anniversary was on February 18. About sixty people attended, including representatives from Sacramento and Los Angeles, and most of the "godfathers" and "godmothers" who still live in the Bay Area and have been associated with the ITAA for eight to ten years, as well as more recent members and their spouses and friends. (Our President, David Kupfer, was recovering from an operation and was unfortunately unable to attend). It was a scintillating gathering of beautiful women and energetic men, nearly all of them rock and roll dancers of superior grace and originality, stimulated by the decorative setting of Dr. Nichols' refurbished mansion.

BIBLIOGRAPHY

A letter by Claude Steiner appeared in the February issue of *The American Psychologist*. Dr. Steiner objected to the loose use of the word "games" in scientific journals, particularly in an article by M. Dunette in a previous issue of the same journal. Dr. Steiner emphasized that transactional games are clearly defined in the literature of transactional analysis, and that sets of transactions must have certain specific features in order to be legitimately called games. The implication is that games must be treated as a scientific concept and not as a mere colloquialism. The letter also explored in detail some games psychologists play.

Dr. Louis Paul has published a paper entitled "A Game Analysis of Albee's 'Who's Afraid of Virginia Woolf?' The Core of Grief," in *Literature and Psychology* 17:47-51, 1967. This was originally read to the Southern California Psychoanalytic Society in February 1965. Dr. Paul, a member of the ITAA, refers to "games" in the transactional sense.

The front article in the *New Yorker* for February 24, 1968, by Philip Hamburger, is entitled "Indulgence in Games," and parodies some familiar looking diagrams.

NEWS FROM BRANCHES

San Francisco

The San Francisco Transactional Analysis Seminar has elected officers for this year as follows: Co-Presidents — Stephen B. Karpman, M.D., Claude Steiner, Ph.D.; Vice-Presidents—Martin Groder, M.D., D. Jay Nichols, M.D., W. Ray Poindexter, M.D.; Secretary-Treasurer—Eric Berne, M.D. Board of Trustees: Pamela Blum, B.A., Melvin Boyce, B.A., Viola L. Callaghan, M.A., Joseph P. Concannon M.S.W., Patricia Crossman, C.S.W., John M. Dusay, M.D., Ken Ernst, B.A., Kenneth Everts, M.D., James Horewitz, M.D., Muriel James, Ed.D., Margaret Northcott, M.A., John Wright, M.D., James Yates, M.D.

Sacramento

The Sacramento Institute for Transactional Analysis has had a full program of activities in recent months. Dr. Thomas A. Harris presented a chapter, *PAC and Moral Values*, from his forthcoming book entitled *I'm OK, You're OK*. The advanced seminars have included presentations on script analysis by Gordon Haiberg, group treatment in prisons by Frank Ernst, TA in group treatment by John Mitchell, and the use of TA in probation by Richard Nicholson. A seminar on Transactional Analysis for Physicians was given on March 30 and 31; this was jointly sponsored by the Institute and the Sacramento Chapter of the California Academy of General Practice, which accredited the course.

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THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists and clergymen. The teaching is primarily oriented toward group therapy, social dynamics, and personality theory based on transactional analysis. The Association is now in its eleventh year, and is self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Societies are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible. Qualified people can become Associate Members of the ITAA by filling out the blank below. They may become Regular Members after taking a complete Introductory Course or its equivalent, and may apply for Clinical or Special Membership after their training meets the standards of the Membership Committee.

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International Transactional Analysis Association

A Non-Profit Educational Corporation

Volume 7

Number 27

July 1968

TA as a Treatment Philosophy *C. Steiner* 61

Pay Back — An Asthma Game *V. Matson* 64

The College Class Ring Game *D. Eckroth* 65

Hamlet: His Script Checklist *W. Cheney* 66

Research Grant to Test TA *P. McCormick* 68

Scientific Proceedings *San Francisco* 69

A Parable *R. Pain* 69

You Can't Shoot People Without a Gun *C. St. Cyr* 70

Directory of Affiliates 71

Educational Activities 75

TRANSACTIONAL ANALYSIS BULLETIN

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Volume 7
Number 27
July 1968

Eric Berne, M.D., Editor
Gwen McEwen, Editorial Assistant

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. For institutions & libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and inquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California 93921.

Papers, clinical notes, news items, and letters should be addressed to the Editor at the above address. They should be legibly typewritten, double-spaced, on opaque paper with wide margins, and good grammar is acceptable.

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TRANSACTIONAL ANALYSIS AS A TREATMENT PHILOSOPHY

Claude M. Steiner, Ph.D.

Transactional analysis is a technique of psychotherapy which has been used for the modification of behavior since approximately 1954. The theory, founded by Eric Berne, is an original and sophisticated theory of personality as well as a distinct technical departure from currently held views of psychotherapy. The purpose of this paper will be to cover aspects related to therapeutic technique rather than to the theory of personality.

The transactional theory of personality has as its cornerstones three major concepts: *Ego states, games, scripts.* A person's behavior is described in terms of observable ego states which are three modalities of the individual's ego. The ego here is understood as defined by psychoanalytic theory. Not to be confused with ego, superego, and id, ego states are modes of ego activity each one uniquely adapted to different types of situations. Any relationship between two or more people can be diagrammed in terms of *transactions* between ego states. A *game* is the most common disturbance of interpersonal behavior observable, and is defined as a series of transactions with a covert motive and a payoff. The importance of games lies primarily in the fact that they are the medium whereby a person manifests psychopathology, and a succession of games played end to end is necessary for the consummation of a *script.*

The script is a consciously understood life plan usually decided upon before the age of 14, and psychopathology such as depression, schizophrenia, alcoholism, homosexuality, etc., are seen as being capable of representing scripts: that is, of being the result of consciously made childhood decisions.

Transactional analysis as a technique of treatment has the following unique features:

1) *Language.* The language of transactional analysis is designed so as to be both understandable and attractive to most individuals seeking psychotherapy. The reason for the usage of colloquialisms such as Child, game, racket, trading stamps, is grounded on the conviction that the language used by the therapist to understand his patient should be capable of being understood by the patient. It is the intention of the therapist to communicate with the patient on all the aspects of his thinking in regard to treatment. Thus, transactional analysis has as one of its basic tenets that for efficient behavior modification it is desirable that the patient and therapist use a language which is capable of being understood by both. It has been feared by some clinicians that a language which is understandable to patients might hamper the sophistication of the professional. Yet, sophisticated clinicians who have adopted transactional analytic language do not appear to lose any of their original sophistication thereby.

2) *Responsibility.* Responsibility is a key issue in transactional analysis. The patient is seen as responsible for his actions in so far as his disturbance is the result of decisions made by him. By the same token the therapist is seen as responsible for his actions in relation to the patient. The only legitimate activity of the therapist as therapist is the maximization of a speedy cure. Corollary of this position of responsibility is that transactional analysis is seen as a contractual form of treatment in which a patient who is responsible for his actions enters into contract with the therapist who will attempt to modify or cure permanently a certain state of affairs which has been deemed undersirable by the patient.

3) *Group treatment.* The ideal context for treatment is seen to be the group. Because of the many variations currently on the "group scene" the limitations that transactional analysts place upon group treatment will be outlined. a) Group treatment is seen as requiring a leader who, in a contractual form of treatment, is the therapist. Co-therapists are seen as being unnecessary and undesirable unless the co-therapist is a trainee and is there for the purpose of learning rather than for the purpose of sharing the responsibility for the treatment. b) A group represents six to eight patients since fewer than six patients would not be a fertile ground for transactions and more than eight patients are not likely to be amenable to the constant observation of the leader. c) Transactional analysis is a verbal therapy which assumes that behavior can be modified by exchange of verbal utterances. Stroking,. physical attack, dance, and nudity, not being verbal interventions, are not seen as a legitimate part of group treatment. However, on occasion a transactional analyst might prescribe some other therapeutic activity as part of permission. (See paragraph 5).

d) Selection of patients for groups is seen as not only unnecessary but undesirable. The ideal group is one which contains people who are different along as many different dimensions as possible. Any human being except for the possible exception of deaf individuals, persons with IQ's lower than 70 or children younger than 12, are seen as suitable for group treatment in the same group, as long as he is able to enter into a contractual relationship involving mutual assent. (This requirement of contractual competence automatically excludes persons who are suffering from conditions such as toxic psychosis or chronic brain syndrome or persons who are heavily drugged). The effect of this lack of selection is to bring together groups of eight people rather than groups of eight alcoholics, homosexuals, neurotics or schizophrenics. One of the advantages of this is to prevent the establishment of group pastimes such as the "drunkalogues" of alcoholics, the courtroom of married couples, or the "Ain't It Awful" of homosexuals, housewives or senior citizens.

4) *Permission and protection.* There are two kinds of transactions which typify the transactional analyst as contrasted with other therapists. *Permission* is a transaction in which the Parent of the therapist directs the patient to perform a certain behavior. This transaction occurs in treatment at a moment when the patient has arrived at an impasse beyond which he cannot or will

not move. The situation is seen as one in which a patient and a therapist who have previously agreed to work on a certain condition of the patient are confronted. As an example, an alcoholic who has brought his drinking under uncertain control and refuses to recognize the need to stop drinking completely (his impasse) eventually comes to a face to face confrontation with the therapist. The patient's resistance to give in is seen to be the result of his parents' injunctions. Even though this alcoholic may recognize the rationality of never having another drink, his parents' influence prevents him from accepting the recommendation. The situation in which the therapist confronts the patient in this manner is called permission because it involves giving the patient permission to do something which is in direct opposition to his parents' wishes. The need for permission similarly arises with the phobic who requires permission to ride elevators, which contradicts a parental injunction against physical contact; or permission for the homosexual to be a man, against his mother's injunction to the contrary, while the frigid wife is given permission to have sex with her husband, her father's injunctions not withstanding.

It can be seen, then, that the permission transaction is one in which the therapist takes a Parental, directive role which he justifies by the previously agreed terms of the treatment contract. Transactional analysts are not prone to wait for patients to "figure it out themselves", and have no objections to interventions, confrontation or direction.

5) *Protection.* Protection follows logically from permission. A patient, having taken a therapist's permission to disobey his parents' injunction, finds himself in a state of panic and existential vaccuum and needs temporary protection from the therapist. Protection is closely akin to what is known commonly as "supportive" treatment except that in transactional analysis it is seen as a temporary necessity following permission, rather than a mode of therapy applied to certain borderline or psychotic patients. Supportive treatment ordinarily implies that the therapist considers the patient unable to change, while protection simply means that the therapist recognizes that, having broken the impasse, the patient will temporarily be in a state of anxiety and existential vacuum.

6) *Potency.* Both permission and protection involve behavior on the part of the therapist which is best characterized by the word *potency.* Potency is expressed in permission by the emphasis with which permission is given, and is exemplified in protection by the willingness of the therapist temporarily to help carry the burden of the patient's panic when in an existential vacuum. Potency is an attribute which transactional analysts seek in their work. Potency implies that the therapist is willing to attempt to cure the patient, and to commit himself to do so, and to estimate the time and expense involved. It means that he is willing to confront the patient at the impasse and to exert pressure, and it means that the therapist is willing to provide protection for the patient when it is needed. Potency when striven for by therapist is often interpreted as implying a wish for omnipotence. However, the difference

between potency and omnipotence is quite clear, and transactional analysts, aware of their limitations, and of the limitations of the contract, are seldom plagued by the counter-transference phenomemon called "fantasies of omnipotence."

Dr. Steiner is Chairman of the San Francisco Transactional Analysis Seminar and a Teaching Member of the ITAA.

PAY BACK — AN ASTHMA GAME

Victor Matson, B.D.

Thesis: White, the asthmatic, has been deprived and mistreated by the victims, his parents. At a specific time in childhood, White decides to pay them back for their deprivation and mistreatment by having asthma, which in turn deprives the victims by causing them to spend money for medicine and medical attention, to give up time in order to care for White, and to maintain worry and guilt rackets, resulting in their loss of feelings of well-being and sleep. White sets up the game by doing or saying something stupid which causes the victims to become angry and this precipitates an asthma attack.

Through treatment White came to see that her life was devoted to her script: paying parents back. Secondary advantages were forthcoming such as avoiding activities that made her anxious (speaking in front of the class, school drama class, going to dances, and becoming intimately involved with men). The climax of the script would be the time when she would give up men and a good paying job in order to stay home as an asthmatic invalid with the final payoff of eventually dying from an asthma attack.

Antithesis: The counter-script was the key in treating the Pay Back player. The patient decided it would be more satisfying to structure her time to be a teacher, enjoy her family, and have intimate relationships with men, rather than to spend the rest of her life Paying Back her parents. This meant that the therapist had (1) to avoid siding with the patient against her parents, particularly the mother, who was described as a witch needing, and, in fact, actively seeking punishment for being such a bad mother; as well as, (2) to avoid letting the patient set him up so that an asthma attack would Pay Back the therapist for some slip-up in treatment.

ANALYSIS

Thesis: I'll pay you back.

Aim & Dynamics: Expression of oral aggression and infantile rage without guilt.

Roles: Asthmatic, Victims, Rescuer.

Examples: (1) Childhood Prototype: Holds breath, cries, coughs — parents become anxious. (2) Adult Prototype: Asthma attacks followed by family panic needing the intervention of a doctor or minister.

Social Paradigm: Adult-Adult

Adult: "I have asthma and need you."

Adult: "We will do everything we can to make you feel better."

Psychological Paradigm: Child-Parent.

Child: "I'm going to die because of your mistreatment."

Parent: "This is tearing me up, but I deserve it."

Moves: (1) Stupid statement or act — anger. (2) Asthma — worry and guilt.

Advantages: (1) Internal Psychological — Venting of rage. (2) External Psychological — Avoids intimacy with family and avoids having to seek intimacy with others. (3) Internal Social — Pills, Doctors, Isn't asthma awful. (4) External Social — If it weren't for my asthma, Aren't parents awful. (5) Biological — Negative strokes followed by overindulgent stroking from parents. (6) Existential — They are all going to pay for what they did to me.

THE COLLEGE CLASS RING GAME

David R. Eckroth

A large, shiny college class ring on the finger of a thirty-five-year-old man suggests that the man thinks of his four years in college as the best years of his life. Those four golden years were great and nothing that good has happened since.

A recent television commercial for an insurance company depicts a thirty-five-year-old college ring type getting into his ranchwagon-stationwagon-super-starjet with his wife and kids. He's about to drive the family for a Sunday trip. The wife gets in the front with her husband, and the three kids crawl into the back seat. As the family gets moving, the camera is focused on the face of the husband who is slowly showing increased annoyance with his kids, one of whom has just been punched in the mouth, while another is stretching taffy in daddy's hair. Suddenly a smile comes across daddy's face, for he is having a fantasy of how it's going to be when the kids grow up and leave home and he will be able to retire from his job. He owns so much insurance that he and his wife will be able to spend their over-65 retirement years on the beach.

If he hates his kids so much, why did he have a family? He probably hates his wife too, and his job, and his $40,000-mortgaged house.

The college class ring fellow looks back to his college years and ahead to his retirement with little happy thought about the 43-year period in between. It is just an obstacle course which one must go through to get from one Shangri-La to the other.

Mr. Eckroth is Assistant Professor of Chemistry at Wake Forest University in Winston-Salem, North Carolina.

HAMLET: HIS SCRIPT CHECK-LIST

Warren D. Cheney, M.A.

That Shakespeare was writing a case history in the form of a play when he wrote *Hamlet* first struck me more than ten years ago. But not until now did it seem more than interesting to re-examine the play as a clinical record and apply transactional analytic methods to the subject.

As the only son of a sexy, oedipally-attached mother and an aloof, olympian, warrior-father, Hamlet when first seen is 27-28 years old, living at home, single and unemployed. By modern standards he would be classified as a playboy having no serious occupation or responsibilities, no military, governmental or court duties, not even an estate of his own to administer.

The presenting condition appears within three minutes after his initial speech as he lays bare in his first soliloquy, like a patient on the couch, deep-seated anquish and begs "O, that this too, too solid flesh would melt. . ."

As the case history unfolds, most of the data needed to start a script check-list and establish a working diagnosis is in hand by the end of Act II which concludes with the revealing "now I am alone" soliloquy. The balance of the play yields more and more symptomatalogy. His behavior and attitudes are marked by impotency of decision, loss of reality-contact, convoluted and disoriented thinking, bizarre behavior, irrationality, frequent moods of depression, repeated urges to homicide and suicide.

The first soliloquy supplies the *life course* I should kill myself. Unfortunately, the record does not provide data that would allow establishing the date of the *decision.* As for *counterscript,* Hamlet voices several ideas that appeal to him in this area: revenge my father's murder, rescue my mother from that incestuous, adulterous, murderer uncle, rectify all that's rotten in Denmark.

Hamlet's *position,* repeatedly confirmed, is I'm not OK, you're not OK. The couch-like soliloquy, "now I am alone" shows the I'm not OK position with pathological intensity as he likens himself to "a muddy-mettled rascal, peak . . . a coward . . . pigeon-livered and lack gall . . . an ass . . . a very drab, a scullion," these epithets followed by the deploring of "my weakness (of will) and my melancholy." Schizoid thoughts feeding this position mark Hamlet's first dialogue with Rosencrantz and Guildenstern (II,ii): Denmark is a prison . . . I have bad dreams . . . I have of late lost all my mirth . . . the earth seems to me a sterile promontory . . . man delights me not; no, nor woman neither."

These latter lines illustrate also Hamlet's *Ain't It Awful* game. But of course, the game he plays the hardest is *Wooden Leg;* actually, he provides us with a virtually classic example of the "Plea of Insanity", a plea uncommonly well delineated in the last scene of the play as he says to Laertes: "What I have done that might your nature, honour, and exception roughly awake I here proclaim was madness. Was it Hamlet wronged Laertes? Never Hamlet. If Hamlet from himself had been taken away, and when he's not himself does

wrong Laertes, then Hamlet does it not. Hamlet denies it. Who does it then? His madness. If that be so, Hamlet is of the faction that is wronged. His madness is poor Hamlet's enemy."

Hamlet's Buzz Off game takes on a savage character when he turns against Ophelia and tries to destroy the relationship he once prized so dearly: (III,i) "H:. . . I did love you once. O: Indeed, my Lord, you made me believe so. H: You should not have believed me . . . I loved you not . . . get thee to a nunnery; why wouldst thou be a breeder of sinners?"

The same scene also verifies his position, You're not OK. Even Ophelia, the blameless virgin, is given a not OK label. Furthermore, Hamlet does not let her go merely with the "I loved you not" blast. He compounds his attack by adding: "you jig, you amble, and you lisp, and nickname God's creatures, and make your wantonness your ignorance. Go to ! I'll no more on't; it hath made me mad." Now he's turned her into a wanton. He blames her for driving him mad, and deems banishment to a nunnery to remain a spinster without sex for the rest of her life a fitting punishment for turning him into a "monster".

Quite clearly, Hamlet's *mythical hero* was his father, King of Denmark, a national hero and superior being. This contributes to the prince's I'm not OK position due to the fact he is a lesser man than his father and knows it. This knowledge periodically crops up to shatter Hamlet's self-confidence, threatening his Child, rendering it indecisive, weak of will, unable to conceive of becoming a man like the great King. Hence Hamlet's plan to flee Denmark, return to school at Wittenberg then later, accepting banishment to England amounts to a runaway.

The *parental injunction* is revealed both by Hamlet's behavior and his between-the-lines attitudes. In the first exchange between son and mother are clues: "Queen: Let not thy mother lose her prayers, Hamlet. I pray thee, stay with us; go not to Wittenberg. H: I shall in all my best obey you, madam." The injunction seems to be, "Don't Grow Up," with an implied, "Don't become a man, remain my little boy, stay by my side forever," attitudes the Queen exhibits repeatedly as the play proceeds, attitudes to which Hamlet responds, as he does here with the Child in command, as is his habit with his mother.

We have strong reason to suspect the *program* laid down for Hamlet by his father was, Don't Get Hurt in Battle, let me do the fighting for you, apparently a situation which prevailed when the King and Denmark were at war with Norway. Such a program, of course, would have allowed Hamlet ample opportunity to spend extra hours at his mother's side, encouraging the dominant ego state to remain Child, a condition the mother must have exploited continuously right up to and including the prince's present age, 27-28.

Hamlet's *rackets* are many, not one. They include inadequacy, fear, guilt, anger and hurt. As for *stamps,* he is always looking for inadequacy and guilt stamps, and when he turns on someone, such as his mother or Ophelia, he works hard at collecting red anger stamps. Hurt stamps such as those gather-

ed when quivering in hurt and shame before his father's ghost are frequently augmented by those gained in masochistic self-derogation exemplified by the "now I am alone" soliloquy.

His *sweatshirt* says on the front, "I'm Weak, Pity Me;" on the back it says, "Kick Me."

Hamlet's *tragic ending* is suicide. If his parents had been able to engage a TA therapist, a *script antithesis* would have been provided, namely, "Don't kill yourself."

Additionally, the therapist would certainly have tried to "throw a hook into the Adult to get the Child on his side and soothe it so that the Child would permit him to talk to the Adult" as Berne advises when discussing treatment of schizophrenics in *Principles of Group Treatment.* The therapeutic task would not have been an easy one inasmuch as the Adult in Hamlet's case was decomissioned most of the time, the confused Child too often in command, and the parental injunction, Don't Grow Up, so strongly operative that many layers of regressive material would have had to be worked through before Hamlet's Adult could begin to function uncontaminated by the confused Child.

Mr. Cheney is a clinical psychologist practicing in Berkeley, California, and is a Regular Member of the ITAA.

* * *

RESEARCH GRANT TO TEST TA

(A note from Paul McCormick)

The National Institute of Mental Health has awarded a grant of $389,182 to the California Youth Authority to finance a four-year project that will compare the results of transactional analysis at the O. H. Close School for Boys, Stockton, with the results of behavior modification techniques at the adjacent Karl Holton School.

Paul McCormick, a Teaching Member of the ITAA and formerly Training Officer of the Alameda County Probation Department, left his probation post on June 1, 1968 to accept the position of TA trainer at the Close School.

He is contracting with Robert Goulding, M.D., of the Carmel Institute for Transactional Analysis, for consultation services.

Carl F. Jesness, PhD., a California Youth Authority senior behavioral research analyst and the project director, will compare the results of a treatment method that encourages self-control through self-awareness (TA) with a method that tries to change offenders, not by promoting insight, but by rewarding "good" conduct (the behavioristic approach).

Dr. Jesness says he wants to find out if the "rewards" passed out by the behaviorists are more potent than TA's combination of strokes *and* insight.

March 12. James Horewitz: "A Money Problem."

Horewitz presented a tape of a therapy group. His question was: What can be done or said to George that would cause him to spend money sensibly? George owed two previous therapists $1,500. Horewitz had seen him in a group for two years. In that time many checks bounced. The original agreement with George was that he would bring his money each time he came. Recently Horewitz told George he couldn't return to the group until the $70.00 he owed was paid. George did pay $70.00 and his next check bounced after that. George had had many enemata as a child and the seminar felt that, dynamically, the frequent attachment of his salary by collection agencies was an "enema situation." The seminar suggested he pay cash on entering the group to avoid a game of "now he tells me" at the end of the group meeting. Also it was suggested that no checks be accepted until George balanced his check book. A subsequent check for $10.00 bounced and George was dropped from the group until he paid $20.00 in cash. It has been two months and George has not paid.

HUMOR

A PARABLE

Rodney Pain, D.D.S.

A friend of mine learned the aerial navigational charts from Oakland to Redding, his morning flight. "A power line, then a river, and over the little hill," he intoned in his memorized landmarks.

In the air he remembered the sequence of landmarks and looked over the side of the plane. "The power line!" he exclaimed as the line of wooden poles set singly slid underneath. "The river!" he exclaimed as the plane crossed a dry wash with a rivulet in the shallows. "And there's my hill!" he chuckled as a low hump passed by.

But he was in the wrong place, because he was making his chart match the ground instead of vice versa. He was "lost" on the ground but "found" on the map. Had he got into the plane, taken off, and on looking overside seen a row of telephone poles, located a row of telephone poles on the chart, then noted a dry wash on the ground and found a dry wash on the chart, and finally identified the low hill on the ground as such and found it on the chart, he would have been " found" on the ground and "found" on the chart.

"Read the ground and find it on the chart!" he agonized as he vainly boxed a search pattern and tried to get unlost.

Question: In clinical research, should you find the patient by looking at the theory, or find the theory by looking at the patient?

A Living Situation
"You Can't Shoot People Without a Gun"

Cyprian St. Cyr

One day R. Horseley, the sage of the Ozarks, was laid up at home with a tarantula bite. Folks respected him because he didn't say much, and when he did he gave them good advice, and he kept them company when they were in jail, but when he wasn't around, the boys down at Eubanks' Grocery and General Store acted like they were a bunch of kids and school was out.

"Listen to this!" said Old Man Snodgrass, spitting at the electric stove. "Some longhair crackpot handed this paper to me right on main street, just before he was run outa town. 'Down with shootniks! Register all the gunkys and their guns!' "

"Yuk, yuk, yuk!" said JV Eubanks, the store owner. "My rifle magazine got a good answer for that. Guy that writes 'Your Folksy Reloader' column says if they going to register guns because people get shot by crackpots, they should register all male sex organs because women get raped."

"Yuk, yuk, yuk!" said Old Man Snodgrass, slapping his knee. "That guy's good. Never lets you down. Well anyway, this crackpot goes on: 'Guns were made to shoot people. You can't shoot people without a gun.' "

"I know that line," interrupted Sneery Snodgrass, the one that was born between two older sisters and two younger sisters. "They always end up saying: 'If you can't make it with the girls, get a gun and go out with the boys.' "

"Son, you interrupt me again, I'm gonna hit you on the head!" said Old Man Snodgrass.

"What you trying to do anyhow, Sneery? Get your filthy mind out of here," said JV.

"Oh, dad," said Sneery. "I'm only trying to help you." Nevertheless, Old Man Snodgrass leaned over and hit him on the head.

"A man's got to have a gun," he said. "Take away a man's gun, and what does he have left?"

Question: Should the old man have hit Sneery on the head?

* * *

GEORGE

(Our Sponsored Orphan in Crete)

George writes: The weather has started improving and the sea is full of rowing boats. Now the time when we shall stop school is approaching and we shall go out in the country to enjoy the beautiful sunny days. Two Cretan songs: "I tell you, old Nicholas, that the biggest wild beast is the woman." "The river brings twigs and the sea ships, the young girl with her mannerisms enchants the young men."

DIRECTORY OF AFFILIATES

THE INTERNATIONAL TRANSACTIONAL ANALYSIS ASSOCIATION

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Meets first and third Tuesdays from 7:30-9:30 p.m. Contact Dr. Cooper or Dr. Haimowitz in advance to confirm place.

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The listing for this Institute, one of the most active ITAA affiliates, was inadvertently omitted from the April Bulletin.

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SAN FRANCISCO TRANSACTIONAL ANALYSIS SEMINAR (SAFTAS)

Presidents: Stephen Karpman, M.D., Claude Steiner, Ph.D.
Secretary: Janie Tutelman, M.S.W.
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(415) 654-5671

Meets Tuesdays at 8:30 p.m. at the above address. First and last Tuesdays each month open to all professionals — other Tuesdays for members only.

SAN JOSE TRANSACTIONAL ANALYSIS SEMINAR

(formerly in Menlo Park)
Director: Robert L. Goulding, M.D.
22050 McKean Road
San Jose, California 95120

The Seminar meets at the above address at 8 p.m. Wednesday evenings.

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TRANSACTIONAL PUBS, P.O. BOX 5747, CARMEL, CALIFORNIA 93921

TA in Vienna and Prague

The ITAA will present a program at the Fourth International Congress of Group Psychotherapy in Vienna, September 16th to 21st, 1968. Any members of the ITAA who wish to come to Vienna and participate in this program, should write to Eric Berne, M.D., P.O. Box 2111, Carmel, California 93921.

The proposed program and the participants so far are as follows:

1. "The Relationship of Transactional Analysis to Other Therapeutic Systems," by Eric Berne, M.D.
2. "The Transactional Theory of Personality," by Claude Steiner, M.D.
3. "Transactional Analysis as a Therapeutic Method," by John Dusay, M.D.

It is proposed to present a 3-hour symposium consisting of the three brief expositions given above, with time for discussion and questions following each one.

Other participants are: Stephen B. Karpman, M.D., Pamela M. Blum, M.S.W., Carol Lynn Kay, M.S.W. and Kenneth V. Everts, M.D.

We have also been invited to the International Congress of Psychodrama and Therapeutic Community in Prague, September 23rd to 26th, 1968, and we propose to present a similar program entitled "Transactional Analysis in the Therapeutic Community."

Following the attendance at the scientific meetings, it is proposed to go to Africa to give courses in transactional analysis and also to go on a safari while we are there. For those interested in going to the Congress, please indicate also whether you would be interested in going on the safari. At present it would be best to count on standard tourist class air fares for any portion of this trip or the whole trip. If circumstances warrant, it may be possible for us to get a reduction on these fares on a group basis, but please don't count on this. We will not have any information about it until very close to the actual time for departure. It would therefore be best for those going to count on paying the full fare for each portion of the trip.

* * *

ARTICLES FOR THE BULLETIN

Articles and abstracts for the Bulletin seem to arrive in spurts. Not all writers understand that if a manuscript arrives later than the Editor's deadline for a given issue, it cannot be printed in that issue.

The Editor's deadline is usually the 15th of the month preceding the date of the issue. The deadline for the October issue, however, will be postponed from September 15 to October 1, because the editor will be in Vienna for the Group Therapy Congress during the month of September.

Transactional Analysis at The American Psychiatric Association

The ITAA activities at the Annual Meeting of the A.P.A. in Boston, May 13th and 17th, went off as scheduled. The panel, "Transactional Analysis and Teen Age Drug Users," was held on Thursday, May 16th. Berne gave a short introduction to the theory of transactional analysis; Allen, from Boston, gave a survey of the street transactions in the Haight-Ashbury district; Dusay, Everts, and Poindexter presented cases, and Steiner gave a theoretical discussion of the papers previously presented. About 100 people attended. At first the meeting was held in a small, over-heated room, but then everyone moved out into the central floor space, which was much more cooling and relaxing. This was quite in tune with the proceedings, equivalent to moving out of the class room onto the campus. On Wednesday morning, Berne was Secretary to the General Session on Group Psychotherapy, and Dusay discussed one of the papers. The hospitality headquarters at the Sheraton-Boston was open from Wednesday afternoon until early Friday morning, and about 300 people came to the parties.

Transactional Analysis at The Golden Gate

Transactional analysis was well represented at the Eleventh Annual Scientific Conference of the Golden Gate Psychotherapy Society on Saturday, June 22nd, at the University of California Medical Center.

One of our members, Gordon Gritter, M.D., is President of GGGPS this year, and Robert Goulding, M.D., will be President next year. Franklin Ernst presented a paper on "Group Treatment Use of the Graffito," which was discussed by David Jarvis. Robert Zechnich gave a paper on "Approach to Alienation," which was discussed by Herbert Enos. Ray Poindexter gave a paper on "Experienced Group Therapy Patients Employed as Group Leaders." David Jarvis gave a paper on "Group Treatment Approaches to Alienation and Identity," while various other papers were discussed by Ben Lewis, Alexander Nurse, James Yates and Gaylord Fox.

In the morning there was a workshop on "Recent Advances in Transactional Analysis Theory" with Dusay, Karpman and Edwards, and in the afternoon one on "Recent Advances in Transactional Analysis Treatment" with Steiner, Kupfer and Crossman. Dennis Marks and Thomas Harris presented video tapes of retarded children. Franklin Ernst and Larry Mart conducted a workshop on "Listening." Robert Goulding, with Donald Shaskan, had a workshop on the training of group psychotherapists, and Louis Paul conducted one on sensitivity training.

Many of our members are officers and members of this society, which brings together group therapists of all persuasions in the Bay area, so that transactional analysts find their place alongside psychoanalytical therapists and others.

Sixth Annual Summer Conference

The Sixth Annual Summer Conference of the International Transactional Analysis Association will be held on August 23-25, 1968 at the Mark Thomas Inn, Monterey, California. The Conference will run from Friday noon through Sunday noon. Immediately preceding the Conference there will be a three day workshop, including a 101 Introductory Course good for credit toward Regular Membership. The Conference program will include clinical papers and workshops, a luncheon and banquet for all participants, and several other social functions. During the Conference the Examining Board will conduct oral examinations of candidates for advanced membership, and the Nominating Committee will meet to draw up a slate of nominees for the Board of Trustees. On Sunday, August 25 there will be a Clinical Business Meeting for all Clinical and Teaching Members, including newly accepted Clinical Members. All correspondence regarding the Conference, the Introductory Workshop, and committee meeting may be addressed to the Executive Secretary of the ITAA.

New Teaching Institute

David Kupfer has left the Carmel Institute for Transactional Analysis and has established as a separate entity the Monterey Peninsula Institute for Transactional Analysis. For details, see the listing in the Directory of Affiliates.

Our President's Travels

David Kupfer recently taught a 101 course in Memphis, Tennessee, another 101 to staff members of Elgin State Hospital in Elgin, Illinois, and held a marathon for psychotherapists in Chicago. He also attended the APA meeting in Boston where he was one of the representatives of the ITAA, and appeared on a panel headed by Dr. Lewis Wolberg which explored various types of psychotherapies.

In Washington he gave a workshop for sixty staff members of Western State Hospital in Fort Steilacoom, and taught a 101 in Seattle. As a result of these activities, two new study groups in Washington State have been formed. Details about each are listed in the Directory of Affiliates.

Back in California he conducted two workshops at a meeting of the Western Regional Family Service Agencies Association, an introductory course and an advanced workshop. The participants, all of them M.S.W.'s came from California, Washington, Oregon, Utah, Arizona and Hawaii.

Teaching Credential

Melvin Boyce has received his Adult Education Credential in Group Guidance. His current teaching activities include a summer TA class for teenagers in Marin County, California, sponsored by the YMCA, and a three credit TA course for teachers at the Sonoma State College Extension in the fall.

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists psychologists, psychiatric nurses and social workers, correctional officers, social scientists and clergymen. The teaching is primarily oriented toward group therapy, social dynamics, and personality theory based on transactional analysis. The Association is now in its eleventh year, and is self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Study Groups are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible. Qualified people can become Associate Members of the ITAA by filling out the blank below. They may become Regular Members after taking a complete Introductory Course or its equivalent, and may apply for Clinical or Special Membership after their training meets the standards of the Membership Committee.

All classes of membership include: (1) Subscription to the Bulletin (2) Entree to Seminars and Study Groups when traveling (3) Hospitality of the temporary ITAA headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences (5) Listing in the Annual Geographical List of Members.

Those desiring Associate Membership (or Regular Membership if eligible) may fill in the coupon below and enclose the membership fee. Subscriptions to the Bulletin are available to institutions and libraries at $5.00 per year and to individual professional workers at $10.00 per year.

Please advise us of change of address. Use the coupon below to apply for membership or to renew it when it falls due. Please enclose membership fee.

Send to: ITAA, P.O. Box 5747, Carmel, California 93921

Please enroll me in the International Transactional Analysis Association as a
Regular Member ☐ ($25) Associate Member ☐ ($12)
For those residing outside North America the fees are one-half the above.
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TRANSACTIONAL ANALYSIS BULLETIN

International Transactional Analysis Association

A Non-Profit Educational Corporation

Volume 7

Number 28

October 1968

SUMMER CONFERENCE PROCEEDINGS

PANELS: Stroking, Family Therapy, Gestalt Therapy, Therapeutic Community, Juvenile Offenders, Marathons, Listening, Short Term Psychotherapy, Children and Adolescents, Recent Advances 77

PAPERS: Racial Transactions, Psychotics, Pediatric Psychiatry, Permission Classes, Training Group Therapists, Graffito, Seventh Year Itch, Moral Values, Interventions, Audio-Visual Demonstration . . . 87

GENERAL

Educational Activities 93

"Hardcore" Social Offenders *J. F. Twomey* 96

A Reminder from our President *D. Kupfer* 97

Bibliography 98

Organizational News 99

TRANSACTIONAL ANALYSIS BULLETIN

International Transactional Analysis Association

A Non-Profit Educational Corporation

Volume 7
Number 28
October 1968

Eric Berne, M.D., Editor
Gwen McEwen, Editorial Assistant

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. For institutions & libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and inquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California 93921.

Papers, clinical notes, news items, and letters should be addressed to the Editor at the above address. They should be legibly typewritten, double-spaced, on opaque paper with wide margins, and good grammar is required.

The International Transactional Analysis Association

ACTIVE TRUSTEES, 1968

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HONORARY TRUSTEES, 1968

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PANELS

THE THERAPEUTIC APPLICATION OF STROKES

Solon D. Samuels, M.D. *Discussant: William J. Collins, M.S.W.*

Samuels' discussion of the strategic use of strokes in therapy was based on his thesis that "presence" and "time" constitute strokes of crucial significance. In this "hurry-up" culture particularly, he said, recognition satisfaction comes not just from "that special touch you crave to feel good" but even more from the time granted to us by others, the sustained attention and presence of someone significant to us.

Outlining the infant's development from an essentially passive recipient of someone else's strokes into an active giver of strokes, he pointed out that at this latter stage, mother's availability to the baby, her willingness to let him "do his thing," is in itself a stroke. The first crossed transaction between mother and child comes when baby roars his desire for mother's instantaneous presence and she thinks, "Damn you, you're crimping my freedom." If his presence hunger is persistently frustrated, no matter how valid the reason, the stage is set for games.

The child will try any means, fair or foul, to get presence and time strokes. If temper tantrums don't succeed, "good deeds" may and "bad deeds" or accidents almost surely will. The sound of breaking glass or of personal injury can usually be counted on to bring mother's presence back in a hurry. While the child can't predict whether his disaster will net him comfort or chiding (i.e. positive or negative touch strokes), he is virtually guaranteed a presence stroke. Schlemiel, Delinquent, and Hypochondriac are "all brothers under the skin game."

Stroke addiction is everywhere in varying degrees with three major types of games utilized for getting strokes. The aggressive-domineering type features a whole set of aggravating ulterior maneuvers; the dependent-passive type is based on the premise that more strokes can be obtained by always doing what mother likes or by getting sick. Then there is a small percentage of oversensitive children for whom rejection is too unpredictable or too uncomfortable to risk and who withdraw into schizoid behavior or autism, described by Samuels as a "transactional boycott."

Samuels suggested classifying patients in terms of their stroke hunger and the intensity of the games they play to "support the habit." The normal person has learned to collect enough strokes to use as a reserve for times when he isn't around people who will give him some. He can respect differences from his Parent, negotiate stalemates from his Adult, play as an equal for fun from his Child, and can give out strokes appropriately from any ego state. Anyone can run out of strokes and need to replenish the supply; neurotic behavior springs from an Adult failure to learn effective ways to garner and save up strokes.

The therapist's job is to use his Adult observer-computer-commentator to make the patient aware of the games and rackets he utilizes in his efforts to get free time, free love, free comfort. For re-education to take place it is essential that the therapist remain Adult and give only Adult-Adult strokes. Samuels summarized the therapeutic pitfalls of giving Parent or Child strokes and the games therapists play to obtain strokes for their own Parent or Child. He listed some special categories of patients where exceptions to the rule of Adult-strokes-only have seemed appropriate, but even in these instances he emphasized the importance of having their use Adult-programmed and of establishing (and maintaining) an Adult-to-Adult contract.

FAMILY THERAPY

Hedges Capers, B.D., John R. Cooper, Ph.D. (Chairman)

Cooper described his use of TA in family therapy at an out-patient child guidance clinic. The first need, he said, is to clarify the contract. While the institutional contract is usually perceived as being to treat the child, Cooper makes it clear to the parents from the outset that he is there to treat the family: "I disabuse them of the concept that the child is the central problem."

There are two main reasons Cooper wants parents involved in a group situation with their children. First, to observe their transacting with each other since "it's hard to correct destructive maneuvers without seeing them *in vivo*." Second, to prevent sabotage of therapeutic gains so that the rage felt by the parents when the child begins to exert autonomy can be dealt with and circumvented in the group rather than being directed against the child.

The most typical transaction in such circumstances, Cooper said, is "when the child does something that scares the Child in the Parent because she would have been clobbered for doing it, her scared Child calls for help to the internal Parent who clobbered her and this Parent comes out and clobbers the real-life Child ego state of her offspring."

When the parents are asked to give a capsule description of what their parents were like, the connection with themselvs and their behavior becomes apparent to them, often in the very process of describing it. The most astonishing part of this is that they find it so very astonishing, he said, because it is so obvious. Since they apparently do not hear the Parent that the world does, a tape recorder is useful in making them aware of this Parent's existence.

Parents often have to be taught to stroke their children. The results confirm Cooper's feeling that "sibling rivalry is something that is taught, for when parents stroke each person well, including each other, it decreases and can disappear." The discussion from the floor led by Cooper and Capers dealt primarily with the question of how a person can learn to give strokes to his own Child. The main conclusion reached was that until the patient gets the message that he's okay he can't accept strokes from himself or from others. Speculation as to whether an existing Parent in one's head can be changed or whether its influence is merely modified was unresolved.

TA AND GESTALT THERAPY

John M. Dusay, M.D.; Frederick S. Perls, M.D., Ph.D.
Robert L. Goulding, M.D. (Chairman)

Billed as an exploration of the similarities and differences between TA and Gestalt therapy, the confrontation between Dusay and Perls resulted in what the latter calls "impasse," with a sizeable and increasingly frustrated audience contributing what the chairman called "absurdities and obscenities."

Dusay attempted to discuss the theoretical concepts of the two systems and their behavioral implications, while Perls attempted to demonstrate the existential Gestalt approach with Dusay being treated as the patient.

Two main points of comparison seemed to emerge. One, where TA seeks to interpose the Adult between the Parent and the Child to ward off irrational domination and to secure autonomy, Gestalt views the resolution of such internal conflict as a process in which the "underdog" assimilates and "chews up" the "top dog" to achieve an integrated whole. Two, where TA's goal is Adult control for the appropriate expression of feelings, Gestalt's emphasis is upon "emotions as the soul of being" with the goal being "authentic" feelings in the here and now.

TA IN THE THERAPEUTIC COMMUNITY

Gordon Haiberg, M.D., John Prusmack, M.D.
Joseph P. Concannon, M.S.W. (Chairman)

Concannon described two years' use of TA techniques in a neuropsychiatric ward of the U. S. Naval Hospital, Oakland, California. A therapeutic community was established for dealing with problems pertaining to patients and staff through large-group meetings of approximately 50 persons each. Staff-patient confrontation is bilateral; patients generally had been diagnosed as psychotic, severely neurotic, or having character disorders.

A therapeutic community is usually defined as an artificial cooperative society under professional guidance and supervision. At Oakland, TA is presented didactically as a therapeutic canon, and TA procedures are used along with insulin- and electro-shock therapy in the treatment of psychiatric disorders.

Concannon said the advantages of TA techniques are easily apparent after two years; examination and modification of behavior according to tested principles is a 24-hour process; the patients are able to observe what is going on in their lives and to strengthen their Adults. Disadvantages are also claimed to result from the introduction of TA: Concannon said few therapists are able to handle large groups; some are terrified at exposure of their own games and rackets in the large-group meetings — if these are disadvantages, however, they can be dealt with through standard TA procedures.

Large-group meetings are sometimes used for didactic presentation of TA fundamentals, as in a TA 101 course. Other regularly scheduled events include log-review and staff discussions, with patients attending. Log-review sessions work this way: medical corpsmen keep records of occurrences in the

ward; at group meetings, each log-entry is considered by the group — affiirmative and negative occurrences become bases for games and rackets, of course, but also for strokes, confrontations, and effective treatment. At staff discussions staff members (one psychiatrist, one psychologist, one social worker, one nurse, and three medical corpsmen for each group) review the large-group meeting; patients attend these discussions, although at present the rules do not permit them to paricipate.

Prusmack reported similar use of large-group techniques at a Veterans Administration hospital with similar results. He reported that standard games are Stupid, Wooden Leg, Veteran, and Do Me Something.

A new use of IBM cards as tokens was reported by Prusmack at the same VA hospital. Cards are awarded for successful performance of tasks, and are good for cash, cigarettes, candy, and other alternatives to racket-premiums. At first, the brightly colored cards appear to have their own intrinsic value to severely psychotic patients; later, their trade-in value is established as the patients' Adults are strengthened.

Haiberg reported the use of similar techniques in clarifying contracts in groups composed of 60 to 70 adolescents in a hospital at Preston, California.

Concannon closed the panel discussion by observing that occurrences at staff meetings are similar to those in the therapeutic community sessions. The same games and rackets, and also the same opportunities for growth, indicate again that there is only one kind of people-ness, and that both staff and patients are human.

TA WITH JUVENILE OFFENDERS

H. Max Hart, M.A., John W. Twomey, Ed.D., Paul McCormick, A.B. (Chairman)

McCormick stated that one brief script checklist might give more useful information for treatment of a juvenile offender than the standard three pound file folder of historical data found in most institutions. He presented the case of a delinquent boy in terms of the items on such a checklist.

These included: nonverbal directive (don't come close), counterscript, life course (getting sent away), decision (I will never get close to people), basic position (I'm not okay; other people are more okay), hero, somatic component, games (Child—Kick Me; Parent—NGIYSOB), payoff (red anger stamps to the Parent, blue depression stamps to the Child), tragic ending, antithesis, options he sees, contract, therapist expectations (be set up as a persecutor).

Hart explored the question of how TA can be used by a probation officer to neutralize or overcome the negative reinforcements built into the "correctional" process. He sees a youngster and one or both of his parents within ten days after their court appearance, an experience which has not only been upsetting to them but which has probably reinforced destructive portions of their scripts. He has two main goals for this initial interview: to find out what is going on in terms of inter-family dynamics and to give the youngster a strong counter-injunction.

Many drug users are getting witch mother messages like "You can't make it"; often this mother will reveal herself in the interview by her frowning withdrawn appearance or her "helpful" prodding. There are sneaky injunctions from fathers too, prosperous, middle class men who transmit messages of "It's alright as long as you don't get caught," or "Whatever you do, let it be polite and not too physically dirty." Hart noted that smoking pot or dropping acid complies nicely with the latter.

"In the initial interview," Hart said, "I don't mind if I lose the parents at times, but I must get hold of the youngster and keep him. I need to show him that I will not sell out, that I know what's going on, and that I'm giving him permission to be okay."

Twomey referred to the two games cited by McCormick, NIGYSOB and Kick Me, as the two most prevalent games in a penal institution among staff members as well as inmates. Players wear two-toned sweatshirts: the sleeves are red from anger, the rest is blue and the slogan reads, "Gee, I'm blue. Please pick me up." Anger is the institutional racket and the staff clues in to anger more than to any other feeling. Because of the way staff members reinforce inmate games, they have to be worked with concurrently; treatment of inmates is not enough.

There are two main types of offenders, Twomey said, the anti-social and the neurotic. The scripts of the latter are more confused but it's easier for them to get better because they can feel more than anger. With the former, the biggest problem in treatment is how to make some sort of emotional contact; they have already decided People are No Damn Good, most of their emotions are phony and the only thing they seem to feel is chronic anger. Twomey suggests needling them lightly to get the anger and working with it until it seems appropriate to go after them for not expressing any other feelings. The reaction may shift with great rapidity from more anger to depression.

The staff generally consists of "classic screws and hacks." Only two roles are used, Persecutor and Victim; the Rescuers are all segregated in a separate building. When you take a man out of the Persecutor role, he goes into the Victim role, as for example, if instead of reinforcing a punitive Parent Twomey uses his Adult to discuss an incident with a guard, the man collapses and feels picked on. There is a "shit-eating grin" which appears as staff members discuss punishment of inmates; go for the grin, Twomey suggests, move in fast, and within a very few minutes the man will go down through levels of "conning" to depression and stating his position, "I'm not okay. Nobody trusts me."

Discussion focussed primarily on whether the real racket is anger or depression. "Mini-marathons," of six hours have proved effective with offenders because after about two hours the participants get so tired of their own NIGYSOBing they're glad to knock it off and work on what's really going on.

MARATHONS

David Kupfer, Ph.D., Robert Zechnich, M.D., Wiliam J. Collins, M.S.W. (Chairman)

Kupfer outlined the time schedule he follows in running marathons: Friday from 8 p.m. to midnight, Saturday from 8:30 a.m. to about 7:30 p.m. or until he gets tired at which time the members work with each other in encounter groups, Sunday from 8:30 a.m. to 3 p.m. Earlier he used to go all night to get the fatigue factor effect but just as gratifying results are obtained this way, he said. Many people feel they have to get back to archaic material, scream, and have temper tantrums to get the full benefit of a marathon; this is not necessary, he said, noting that some very worthwhile marathons have been quiet and relatively unemotional. Among the essentials for a marathon's effectiveness are contracts (ones that can be worked on in the room) and closures ("a therapist who doesn't make closures is criminally derelict . . . it's important to make sure everything is finished").

Zechnich's schedule goes from Saturday morning until 6 p.m. Sunday with time off for sleep. He agreed with Kupfer about the importance of a specific contract, rather than a diffuse one: "don't let someone come just because 'marathons are a good thing and something nice might happen'." He also stressed "not letting patients leave without having accomplished what they came for." Structured Gestalt exercises are frequently used at the beginning of his marathons and psychodrama is often used at some point in the proceedings. Zechnich is opposed to one-shot marathons, feeling that marathons should be part of ongoing therapy.

Collins runs his marathons from 8 a.m. Saturday to 1 p.m. Sunday; the patients work straight through but he has a co-therapist relieve him for part of the time. He feels the fatigue factor is beneficial: "the 24 hour man is different from the 50 minute man." Marathons, in his opinion represent the most economical commitment to psychotherapy; if a patient had $200 to spend on therapy Collins would recommend two marathons rather than the equivalent amount of group or private treatment. He uses intimacy experiments to open people up, and follows a closing ritual, similar to those of Kupfer and Zechnich, in which the patients tie up loose ends, handle resentments, and give strokes.

In discussing the results of marathons, all three panelists agreed that they tend to be highly positive for a large proportion of patients. In Collins' words, "For 85-90% it's a Wow." Followups, ranging from six weeks to a year and a half afterwards, indicate that the results tend to last, not at the Cloud Nine level of the post-marathon high, but a a level of effective functioning significantly higher than that achieved in pre-marathon days.

TRANSACTIONAL ANALYSIS OF LISTENING

Larry Mart, A.C.S.W., Franklin H. Ernst, M.D. (Chairman)

Ernst summarized his monograph, "The Activity of Listening." As Ernst views listening, behavior given that label can occur in all six of the time-

structuring choices: withdrawal, ritual, pastime, activity, game and intimacy. Ernst presented examples indicating physical evidence of the time-structuring choices being used by the listener (or non-listener) at given times. The activity of listening is indicated by motion, and by the Adult "squaring up" of posture, with the head vertical to the ground and the eyes parallel to the horizontal — a balanced, level-headed, straight-forward position. Parental and Childlike behavior is indicated by a tilted head. Telling patients to "square up" has a decided therapeutic effect in TA groups.

SHORT TERM PSYCHOTHERAPY

Solon D. Samuels, M.D., Champion K. Teutsch, Ph.D., Kenneth Everts, M.D., (Chairman)

"There is no such thing as short-term psychotherapy," stated Samuels as he opened his presentation. "There is short-term intervention with salutary results." The patient's situation may be bettered, but it is not a cure in the TA sense. In the case of acute disturbance, short-term intervention can restore some stability to the patient, and, ideally, in the process the patient's Adult can be "hooked" into a working long-term partnership. Therefore, it is important for the therapist to switch at an early stage from a Parental role in order to obtain an Adult-to-Adult contract.

Often seen is the "sudden conversion" from Victim to Rescuer in which a person takes care of his own Child by taking care of similar children. In TA, however, Samuels emphasized, switching roles is not a cure. TA's goal is "a well aware individual who can choose his way through life," not one who must stay within certain confines. Most short-term therapies settle for half, i.e. getting people off self-harming scripts by conversion to counterscript.

Teutsch explained his IDEAL (standing for Individualized-Directive-Explanatory-Action-Log) method whose purpose is, he said, not therapy, but the re-education of an individual by giving him "better and quicker insight." Following the gathering of data by staff members, a pattern chart is compiled to show the individual's progression throughout his life and to establish a specific hypothesis underlying the case.

In his first session, preferably two hours in length, Teutsch provides what he calls feedback, explaining what can happen if the chart's pattern remains unchanged and predicting what can be expected if it is changed. Instructions for future action are given at this time; in subsequent sessions, two or three weeks apart, he receives reports on progress, reinforces the initial instructions, and/or modifies them in the light of new developments.

One of the fundamental concepts of Teutsch's work is borrowed from physics and states that the individual functions in a unitary field with functional units for certain transactions. He illustrates this with a diagrram of cycles, as in the gears of a motor in which a movement within one individual operates to trigger off a reaction in another. He cited the example of a person

conditioned to being criticized who finds someone to criticize him. As a result, he said, we are often looking at the wrong party, for the "sick" one is often displaying the unconscious dynamics of the "complaining" one.

TA WITH CHILDREN AND ADOLESCENTS

Sydney B. Mannel, M.D., William Piehl, A.C.S.W.
Mary Edwards, M.S.W. (Chairman)

Piehl described the use of TA in his work as a public school consultant. Children, between the ages of 7 and 11, are referred to a group by a teacher or administrator. In the first session he establishes contracts (Why do you think you're here? What do you want to do about it?) and introduces the three ego states using cartoon drawings to illustrate them.

In presenting the concept of games he distinguishes "fun games" from "phony games" whose purpose is to trick someone. One which the children all recognize, and enjoy talking about, Piehl calls MLMFT—Making Life Miserable for Teacher. Such discussion can be used to identify the successive moves in a game which lead to a payoff and to demonstrate that a player has the choice at various stages as to whether or not he will continue the game. Games teachers play, such as Courtroom, are also analyzed.

The idea of script is presented as a "broken record" which repeats the same thing over and over; again the fact that you can choose not to go on repeating the same old pattern is underscored. Children really enjoy the TA approach, he said; they can make choices and they become very adept at analyzing their behavior and that of their teachers in terms of P-A-C.

Piehl also uses TA with parents and teachers, and in addition, gives a six hour orientation course for principals and school psychologists. He commented that because of the communications revolution of the past decade, even small children can use words effectively to express feelings while grownups increasingly use words to obscure and evade feelings. As a result, he said, he tends to talk more with kids and play more with grownups.

Mannel outlined his work as a part of a multi-discipline team at a university-sponsored children's clinic. He conducts the pediatric and neurological examination of the child; his use of TA is limited, he said, to the post-examination conference with the parents in which he advises them of the findings and prescribes case management. Emotional problems are the issue in only 10% of the patients he sees, the rest of whom are either brain damaged or mentally retarded. Mannel concluded by summarizing briefly the paper he presented earlier in the conference with a case history that illustrated his approach.

Edwards stated that she no longer has special groups with adolescents, having found that they function "beautifully" in groups with adults. They can be helpful to the grownups in the groups because they are so perceptive in picking up Parent ego states, and at the same time they learn from the grownups who are facing what they will later.

Edwards raised some questions about the goal of transforming frogs into princes and princesses, suggesting that this is the dream of the conforming Child who wants to live in a fairy-tale palace where no one has to hear about sex or anger. "Only frogs want to be princes or princesses," she said, "people want to become human beings and the job in therapy is to get patients out of fairy-tales and into life." She also questioned the practice of encouraging patients to collect gold stamps. A temporary switch to gold may be appropriate as a transition from brown, since the latter are evidences of not-okayness, but it does not represent autonomy. "A Parent who has to be bought off with gold, as for a guilt-free retirement, can never get enough."

In the discussion, Kupfer clarified the distinction between the adapted Child who is conforming to an external influencing Parent, and the compliant Child who is conforming to external Parents, acting as he thinks others expect him to.

ADVANCES IN GROUP TREATMENT

Patricia Crossman, A.C.W.; Stephen B. Karpman, M.D.; W. Ray Poindexter, M.D.,; Jacqui Schiff, M.S.S.W.; Claude Steiner, Ph.D. (Chairman)

Schiff described the small residential treatment center which she and her husband operate in Virginia for chronic or acutely disturbed schizophenic children and young adults. The patients range in age from 13 to 29. They are characterized by the fact that their parents have placed their own needs first and have told their children in effect, "You are not as important as I am."

Fragmentation of the Child is another predominant characteristic of the patients. In an effort to escape the crazy Parent, the Child attempts to incorporate a new fantasized Parent which may be God, a neighbor, or a storybook character. The Child then attempts to adapt to this Parent, thus creating an additional adapted Child ego state. This can happen several times with the result that there may be several residual Child ego states, and that dialogue is overheard between them and the adopted Parents.

In treatment, the process of re-parenting is undertaken. The Schiffs' experience indicates that a patient who is picked up at a stage of acute disturbance can actually be re-parented, while chronic patients can only be somewhat re-educated. The first step is to identify and decathect the Parent; after two or three months patients report that they cannot decathect the Parent even when they try. After about six months the new Parent emerges. This can be a dramatic occurrence resulting in very marked improvement in the patient's IQ (an upward shift of 20 points has been recorded within a two week period) and in an equally marked decrease in pathological or upset behavior.

During the early months of treatment there is emphasis upon meeting the needs of the regressed Child including bottle feeding and toilet training if necessary. The patient is being given permission to have feelings and he is also learning that he doesn't have to act crazy in order to have his needs met. The new Parent has to be constructed very carefully, Schiff said. In addition

to nurturing, there is the need for a new script which provides for getting and staying well, making Adult decisions, and meeting the needs of the Child.

Karpman summarized the approach to script analysis which he had presented with diagrams in the April 1968 TAB. A person does not confine himself to one role in a fairy tale but plays all the different roles interchangeably. He also goes around trying to cast the people he encounters, including the psychiatrist, in the various roles. The interchangeability of the roles Victim—Persecutor—Rescuer is underscored by Karpman who draws it for his patients as the "drama bag." He emphasizes that instead of just switching roles they can "get out of the whole bag."

Crossman dealt with the question of why people remain so tied to their scripts. The position is taken, she said, by the Adult in the Child (the Professor) in an attempt to make sense of a crazy world, e.g. 'all women are witches"; "all men are bastards." Behind the position is something else which Crossman calls a promise. It is based on some halfway good experience, as in the case of a girl whose father beats up on her but every now and then gives her some form of treat. From such intermittent reinforcement, the Child constructs a promise: "All men are bastards but somewhere there may be one who is a good daddy;" "all women are witches except there may be one who is an angel."

This, then, is one of the binding things about a script: the Child feels that if you give up the position you give up the promise too and are left alone in a crazy world without love. Unless the promise is identified and exploded, the therapist may be cast in the role of the person who will fulfill it. One way of getting at the promise is to ask the patient, "What is your idea of complete heaven?"

Crossman also commented on the difference between rackets and feelings, raising the question of whether in therapy it is enough just to expose the racket. People do have rackets, she said, but they do have feelings, too. The former are taught by the parents and are distortions or reversals of real feelings centered in the Child. It may be necessary, she suggested, not only to make the patients Adult aware of the racket, but also to engage with the Child at the feeling level. Since in trying to speak directly to the Child it is usually useless to ask "How are you feeling?" she prefers "Close your eyes and tell me what it was like when you were seven." Also useful is the "empty chair" Gestalt technique in which the Parents are addressed by the patient. She said she is becoming increasingly convinced of the value of marathons because of the amount of time they provide for getting to, and staying at, the feeling level.

Poindexter described the psychiatric education school for laymen he has established using experienced group therapy patients as leaders and instructors. A lecture series on TA and advanced seminar groups are part of this program. For each person joining a group, a one-page summary of their life history in TA terms is on file and available to everyone in the group; this procedure speeds up "graduation" by six months, he said.

CLINICAL PAPERS

RACIAL TRANSACTIONS: COMMUNITY AND SCHOOL

Morris Haimowitz, Ph.D. (Paper read by Gwen McEwen)
Discussants: Melvin Boyce, B.A., Muriel James, Ed.D.

Haimowitz's paper considered various transactions, which occur at a time of racial transition, from the viewpoint of TA game theory. Among the games identified were Let's You and Him Fight with the parents in a racially changing neighborhood prompting their children to do the fighting. Look What You Made Me Do uses white discrimination to justify Negro disturbances. Related to the latter is stamp collecting in which both racial groups collect blue injustice stamps which can be traded in for more disturbances or more discrimination. This can become an explosive racket especially when the injustices date back over several generations, since yesterday's facts, no matter how interesting, are largely irrelevent to solving today's problems.

Part of the same pattern is Ain't it Awful, also played by both groups, with Negros and their sympathizers stressing the atrocities they have suffered, and with whites deploring the dreadful way "they" act. Variations of Kick Me, Schlemiel, and NIGYSOB are found in the black community; white liberals are, of course, "only trying to help," while civil rights—or human relations—workers run around being Harried.

Wooden Leg is found in the classroom: How can I be expected to succeed when you've handicapped me so? (pupil version); How can these children be expected to learn anything when they're so handicapped? (teacher version).

Boyce proposed some game antitheses, most of which were geared to staying in the present and focussing on mutual projects and specific actions. He suggested that any effective worker in race relations needs to have a clear concept of his own ego states and methods of transacting. The development of a common language, so necessary in this kind of work, could be accomplished through a short course in TA. "The big surprise comes," he said, "when people discover that both sides, or all the individuals involved, are playing, not just those other guys."

James stated that in her experience the basic stamps collected by black youth in the face of injustice are likely to be red for resentment, or anger, and blue for depression. The latter is also a favorite collecting item for many older Negroes. Resentment stamps may be cashed in through rioting and depression stamps through dropping out. While the cry of injustice is often valid, it can also be used as a racket to collect counterfeit stamps as when a student imagines his grade reflects the teacher's animosity when it objectively reflects his performance on a test.

James outlined her procedure in teaching introductory courses in TA to Negro youth. She starts with scripts, classifying them simply in terms of winning or losing, in order to open up discussion of those "days of decision" when negative injunctions were heard and scripts were adopted. Next ego states and transactions are described so that the students can begin to under-

stand their inner conflict when they try to change their earlier decisions; recognize the social pressure involved in changing or maintaining the racial status quo; identify the games they and others indulge in and the prizes they feel entitled to collect; learn how to effect personal and social change through the use of TA.

TA WITH HOSPITALIZED PSYCHOTICS

Fanita English, A.C.S.W. *Discussant: Gordon Haiberg, M.D.*

Mrs. English presented tape excerpts illustrating her work at Elgin State Hospital, Illinois, where she is a consultant in TA. She decided to use her four hours a week of consulting time to (1) enlist active staff interest in TA, (2) to train as many staff members as possible in the use of TA, and (3) to treat patients effectively, both because they could get well, and because active demonstration appeared to be the best means of training the staff.

Mrs. English asked for eight patients, who were originally chosen by the staff; now her group is an ongoing one, with voluntary attendance and little absenteeism. The "audience" at the group sessions has grown to forty staff members.

Group treatment sessions are followed by discussions with staff members, and then by TA group sessions for the staff. Four staff members took the TA 101 course conducted by David Kupfer in Chicago. In alternate weeks, the staff-group time is used for review of tapes of group sessions conducted by staff members, similar to TA seminars. Three months after the program started, Mrs. English reported that her objectives are being met.

THE USE OF STRUCTURAL ANALYSIS IN PEDIATRIC PSYCHIATRY

Sydney Mannel, M.D. *Discussant: Gordon Haiberg, M.D.*

Mannel presented his concept of a "reciprocal reaction system" between what he terms the child's "compliance capacity" and the mother's "coping capacity." He suggests that in child rearing each of the mother's ego states seeks a specific goal to be achieved by each corresponding ego state of the child. These are conformity (Parent), autonomy (Adult), and social cooperation (Child).

Whether the child accomplishes these goals depends in part upon his biologically-determined capacities but also upon how adequately the emotional requirements of each of his ego states are fulfilled by the corresponding ego state of his mother. According to Mannel, the child's Parent ego state requires limitation, recognition and approval from mother's Parent ego state; the Adult requirement is for reassurance of normalcy, and the Child requires attention, love and affection.

Mother's ability to meet these requirements depends upon her Parent's ideals of child rearing, her Adults factual appraisal of the child, and her Child's need of the child. When the requirements of the child's ego states are not fulfilled and when he fails to meet his parents' goals, the resulting anxiety will be manifested in a fashion learned from mother's Child and incorporated into his Child as P1. Thus are family rackets perpetuated.

PERMISSION CLASSES

Claude Steiner, Ph.D. and Ursula Steiner

C. Steiner opened the session on permission classes with a brief description of their theory and intent. They had their origin in a problem which has faced therapists since the time of Freud and which concerns the touching of patients in more than ritualistic way. In the early days of his practice, Freud massaged his patients shoulders; they fell in love with him and he found that any ensuing counter-transference interfered with therapy. There is a danger to the therapist who touches patients without analyzing what he is doing because he is susceptible to the fantasy that if only the patient could have sex with him she could be cured.

The fact remains, however, that there are some patients who need to be touched. It was one such patient of Steiner's who led to the creation of permission classes. She made it impossible for any positive verbal stroke to get to her Child without contamination by the Parent. "Her spinal cord was shriveling on front of us," and so to meet this situation the concept of permission classes evolved. While still on an experimental basis, they are an essential part of his practice, Steiner said. In terms of potency, defined as the power to bring about therapeutic improvement, he has "33% more potency" now than before their institution.

The basic process in TA therapy is to give the patient permission to do what he wants to do rather than what his parents have told him to do. This involves going against such injunctions as "don't be masculine," "don't be sexy." Some patients are in a "mental box" and for them verbal transactions can be effective, but for those in a "physical box" more than words is required. They are given a specific "prescription" by Steiner, such as "get permission to be assertive in a physical way," and they take this prescription to permission class, run by Mrs. Steiner. The average stay is six months.

U. Steiner then described the conduct of these classes. The goals are awareness, spontaneity, and intimacy, as defined by Berne in the final chapters of *Games People Play.* Her methods are based on dance techniques, improvisational theatre, and material from Schutz's book *Joy.* The classes offer a favorable atmosphere in which patients can learn to think and feel, and, on the basis of this re-learning, make new decisions. One of the fundamental points to be gotten over to the class members is their responsibility to feel for themselves rather than simply wanting U. Steiner "magically to free their Child."

With volunteers from the audience she demonstrated some of the exercises and activities which are used to give patients experiences in which they can feel. These included looking, touching, talking, shouting, pantomiming, dancing, all with emphasis on what was going on both inside and outside of the participants, and culminating in a spectacularly loud and active singing and dancing accompaniment to the record "Ding, Dong, the Witch is Dead."

TRAINING OF GROUP THERAPISTS

Joseph Concannon, M.S.W., Frances Cottington, M.D., David Kupfer, Ph.D. (Chairman)

Dr. Cottington described a three year training program now in progress at a Honolulu hospital; three faculty members provide instruction in TA and other forms of psychotherapy. The program is for residents, and attendance is not mandatory.

Concannon conducts a two-month course in TA for petty officers assigned to the neuropsychiatric staff of the U.S. Naval Hospital, Oakland, California. He reported that the standard problem these trainees face as they learn to become effective group leaders is that of overcoming their own anxieties. "In most instances, an anxious group leader will come on Parentally," Concannon said.

Kupfer said all persons planning to do group treatment should first receive group treatment as patients. He cautioned against mixing supervision and treatment of trainees. "TA is *not* a simple theory," he said. Requisites include sound background in psychoanalytic concepts, psychodynamics and diagnosis of pathology. An effective therapist functions as an integrated person, able to use the intuition of the Child, the computations of the Adult, and the permission of the Parent.

In the floor discussion, Kupfer suggested that eight weeks appears to be the minimum necessary for training an adequately-prepared student. His trainees attend his group sessions, sitting as observers; in the last ten minutes of a session observers are free to participate. In critique sessions, Kupfer requires trainees to spell out alternatives to the procedures they have just observed. A trainee's schedule for the eight weeks runs from 9 a.m. to 7 p.m. each working day. He said most of his trainees recoup training costs and expenses within one year through expanded practice.

GROUP TREATMENT USE OF THE GRAFFITO

Franklin H. Ernst, M.D. *Discussant: Larry Mart, A.C.S.W.*

Ernst presented a summary of his monograph, "Leaving Your Mark," The use of wall-marking in group treatment as a technique for alleviating personality constrictions, existential despair, and learning inhibitions may be briefly outlined ths way:

Patients struggling with either of the "not OK" positions are trying to "keep something back." One way to give a person permission to give of himself is to offer a convenient wall for marking. Ernst noted that use of graffiti is contraindicated for confused, psychotic, suicidal or homicidal Child ego ego states. Crayolas are available to patients in group rooms, after patients' Adults are firm enough for both group treatment and graffito techniques. Patients are not directly encouraged to make a mark during the first few weeks of treatment; most patients volunteer.

Ernst said the wall-marking event is generally recalled by the marker, the therapist, and other group members with eidetic or near-eidetic intensity.

The act appears to nullify the pubescent injunction "not to give myself away" to anybody. The old taboo, "Don't leave your mark; don't give yourself away" can be broken by the use of graffito, and practice in giving oneself away. Leaving one's mark opens opportunities for caring about oneself and others. Ernst said the games played around the marking event are the everyday-life games of the patient; thus, the graffito fits neatly into the list of TA tools in game and script analysis.

THE SEVENTH YEAR ITCH

Chaplain H. D. Johns *Discussant: Chaplain Hedges Capers*

Johns presented the following case as a prototype. After 6½ years of marriage, Clara, the 29 year old mother of four children, has told her husband, "I don't think I love you. I don't think I ever did." Clifford, who has been indifferent to, and frequently absent from, home life, becomes repentant, submissive and helpful. Clara finally resolves her inner turmoil by deciding to continue with the marriage, at which point Clifford says, "I'm not sure I want you," and returns to NIGYSOBing.

There are several recurring elements in cases of this sort, Johns said. Both marriage partners have suppressed the natural Child at home and a general feeling of boredom pervades the relationship. The "itch" is precipitated by a third party, either fantasy or real, "who makes me feel like a woman." Complicating the situation is the message programmed into so many women in our culture that there are only two reasons for a girl to have sexual intercourse: either she loves the man or she's a whore. Therefore, she "has" to love the other man and this leads her to conclude that she couldn't possibly love her husband. "If it weren't for him" she could give up her responsibilities and gain fulfillment of her sexual fantasies.

Other common factors in the pattern are that it is almost invariably the wife who comes for counseling because marital infidelity does not seem to create such severe internal conflict in men; early in counseling the wife expresses a fear of losing the children which is subsequently unmasked as a desire to give them up; she is threatening her husband with divorce but tells the counselor that she won't even think about it as an alternative; both partners may have a rich fantasy life about sex and both may flirt but in actuality the sex life of each is meager; there tends to be a similarity between the spouse and the other man, even as to lovemaking techniques, which has gone unnoticed by the patient.

Clara's influencing Parent is saying, "Have an affair." Her active Parent is saying, "Be a good mother and be unhappy." Her Child is torn between these two, and the therapist's job is to recathect her Adult so that she can see other alternatives and make a rewarding decision.

Discussant Hedges Capers pointed out that the roles both partners play are interchangeable, and that their games confirm their low opinion of themselves and serve to get them negative strokes.

P A C AND MORAL VALUES

Thomas A. Harris, M.D. *Discussant: Martin Groder, M.D.*

Harris presented excerpts from his forthcoming book, *I'm OK — You're O.K.* Briefly, the thesis of the chapter is that effective psychotherapy requires a conscious, rational, scientific code of ethics. The Prince position in TA — "I'm OK and you're OK" — is seen as following from full understanding of the proposition "All persons are important."

Harris' view is that this proposition cannot be tested by Parental borrowing or Childlike wishing. Rather, Adult reality-testing is the necessary mode of proof. Harris suggested this approach:

"I am a person. You are a person. Without the other, neither of us is a person, for without others there can be no language, and without language, there can be no thought. Because human-ness is made possible only through thought, we make each other human by our transactions. You are necessary for my human-ness; I am necessary for yours. Therefore, you are important (OK); I am important (OK). If I devalue you, I devalue myself." This is Harris' rationale of the OK-OK position. Through this rationale, "ought" and "should" in relation to ethical choices become Adult words.

INTERVENTION AND INCISIVENESS

Richard H. Lee, M.D. *Discussant: Carl E. Bonner, M.D.*

Lee assembled a series of vignettes from his clinical practice and experience, focussing upon the thesis that challenging the notion that we are not responsible for our feelings is a universal requirement for an effective therapeutic intervention. He saw a requirement for both forcefulness and incisiveness in interventions. An intervention is an operation designed to place the therapist between the patient and his pathological behavior; when the therapist intervenes forcefully, he asserts a degree of command; when he intervenes incisively, he sets a new perspective.

Illustratively, Lee described the series of maneuvers some patients use to stump their therapists: "Why do I (drink too much; fail to deal with others effectively, lose jobs, etc.)?" One antithetical operation is to ask, "Do you merely want a reason for doing that or do you want to stop doing it?"

Sooner or later, Lee reported, patients say, "But you can't expect me to control the way I feel." Challenging this idea of the involuntary nature of feelings Lee sees as the heart of therapy.

In the discussion, Bonner defined intervention as "coming between," and incisiveness as "trenchant, cutting behavior." From the floor, Doug Johnson reported a sociopath who was told to control his behavior and his feelings. He said, "I can't." The therapist said, "Then I can't treat you. You are an expert on yourself; if you cannot find a way to control yourself, who can?" The patient said, "I'll do it."

AUDIO-VISUAL FILM FOR TEACHING TA

W. Ray Poindexter, M.D.

The audience viewed a pilot film produced by Poindexter covering some of the material usually presented in a 101 introductory course. A series of such films could be used to teach the principles of transactional analysis to new patients. The pilot film demonstrated through graphic examples what ego states are, how they are determined by vocabulary, gestures and facial expressions; complementary, ulterior and crossed transactions; and three of the six ways of structuring time.

These abstracts were written by Mrs. Bradford Parker and Russell Bomberger, Ph.D., of Monterey, California. Requests for copies of individual papers may be addressed to the respective authors. Taped copies of the complete proceedings are available from the ITAA.

OTHER EDUCATIONAL ACTIVITIES

TA IN VIENNA

Six members of the San Francisco Transactional Analysis Seminar attended and presented at the Fourth Internaional Congress on Group Psychotherapy in Vienna, September 16-20, 1968, in the Auditorium Maximum of the University of Vienna. On Tuesday, September 17, E. Berne presented "The Relationship of Transactional Aanlysis to Other Therapeutic Systems," followed by C. Steiner, "Transactional Analysis as a Personality Theory," and J. Dusay, "Transactional Analysis as a Treatment Method." M. James then presented some illustrations of the use of transactional analysis with children. This was followed by a question period. The most provocative question was whether transactional analysis was a true personality theory, which Steiner was unable to answer categorically.

On Friday afternoon there was a clinical presentation. E. Berne first summarized the strictly clinical aspects of transactional analysis. He then asked for volunteers from the audience and five clinicians from various countries came up on the stage, which had been prepared with the proper microphones and chairs so that a group meeting could be presented to best advantage. This was difficult because all our proceedings on both days were simultaneously translated into French and German, requiring special equipment on the stage. One of the volunteers was rejected because he would not make a serious contract, and said he just wanted to find out how it worked. Another volunteer then substituted for him. It was made clear that this was a therapy group and not an encounter group or a mere demonstration, and the participants paid a small sum for being in the group. A sufficient contract was obtained from each volunteer and then the group proceded in the usual manner with an attempt to cure in accordance with the contract. Following this, Steiner and Dusay discussed what had happened, Berne summarized his view of the proceedings, and then there was a discussion from the audience.

A small room had been received for further discussion after the Auditorium closed, and about 40 members of the audience who were interested in knowing more about transactional analysis then proceeded to this room. There was a lively discussion from the English contingent as to the relationship between psychoanalysis and transactional analysis. Others were interested in knowing more about contracts and the concept of cure, as well as other technical details. P. Blum and L. Kay, of SAFTAS, also participated in this part of the proceedings. This concluded the scientific aspects of this Congress.

The group of transactional analysts was also supposed to present in Prague at a similar Congress, but the Prague Congress was severely impaired by the Russian invasion of Czechoslovakia and had been moved to Baden; due to scheduling problems we were not able to stay and participate in the Baden Congress.

On Sunday and Monday, September 22 and 23, there was a special symposium on Techniques of Group Therapy, organized by S. H. Foulkes, of London, and E. Berne was invited to participate in this. The concept of contracts and curing patients, which he brought up at this conference, seemed novel and interesting to the others present, since they were interested more in making progress and in more conventional kinds of group therapy and less well defined goals. Some of those present expressed surprise at the desire for efficiency in therapy and were more interested in support and sharing than in clear analyses of transactions. For example, one therapist mentioned that when she had a sore back, she told her patients about it and one patient said "That makes me feel better that the therapist has a sore back." Berne asked in what way it was therapeutic or would cure the patient of something because he was glad the therapist had a sore back? This question was treated by some as impertinent.

There were many activities on the social side. About twenty people, including several psychodramatists, came for coffee and beer on Monday evening; it was interesting to listen to them and make their acquaintance. There were gatherings in various restaurants, a trip up the Danube on a steamer, and return by train; and finally on Friday evening, a banquet for transactional analysts and their guests at the "Bucharest" restaurant. The following week there was a gathering for sight-seeing in Salzburg. M. James also presented at Victor Frankl's Clinic in Vienna.

A concensus of opinion was that our presentation at the Congress was well up to standard in general, and that our demonstration group was one of the highlights of the Congress. This was corroborated by the opinions of clinicians from various parts of the world, many of whom were interested in learning more about transactional analysis.

TA AT THE AMERICAN PSYCHOLOGICAL

Vienna was TA's first venture at an international congress. Another first was the fine reception given TA at the recent meeting of the American Psychological Association in San Francisco. First, the two-part film made last year by National Educational Television was shown. Unfortunately only the first half of the film actually arrived in San Francisco, but its showing served to acquaint the audience with the principles of transactional analysis as previously shown over NET television, with Eric Berne literally in the driver's seat, driving his Sunbeam roadster along Seventeen Mile Drive on the Monterey coast as he explains TA to the interviewer, with a soundman cramped into the little trunk compartment and a cameraman mounted on the hood.

On August 31 the Venetian Room at the Fairmount Hotel was put at his disposal for a one hour lecture entitled "Transactional Game Theory in Clinical Practice." (A tape of this lecture is available from Transactional Pubs). On Sunday, he sat on an all-day panel with a number of experienced group therapists who considered the question "How can we speed up the intensive psychotherapeutic process?" or as it translates into TA language, "How to cure patients faster." His comments were received with some skepticism and even asperity, so he put on a demonstration group that evening with volunteers from the professional audience. (This demonstration was filmed by a professional camera crew from Atlanta, and it may be possible to get these films for distribution by Transactional Pubs).

Following these activities, some of us attended Fritz Perls' 75th birthday celebration at the Japanese Cultural Centre, and after that broke up we went on to John Dusay's big house to celebrate the birthday of Torre Berne.

(Ed. note: I am sorry that my name appears so often in these news items, but the motto of the Bulletin is implacable: "Get the news and tell it like it was, and let the chips fall where they may.")

NEW YORK

Barbara Rosenfeld is giving a workshop on Transactional Analysis, ten sessions, Thursday evenings, October, November, December, under the auspices of Group Relations Ongoing Workshops, 312 West 82nd Street, New York City. This is the first ongoing educational project in TA in the New York area outside of the regular NYTAS seminar.

* * *

Eric Berne has been fossilized, along with Paracelsus and others, in Marquis' latest publication, called "World's Who's Who in Science, from Antiquity to the Present."

Russell B. Bomberger, Ph.D., a Special Member of the ITAA, has been notified that a biographical sketch about him is included in the new edition of Who's Who in the West. Dr. Bomberger is a professor at the United States Naval Postgraduate School in Monterey, California.

A TRANSACTIONAL THEORY FOR THE TREATMENT OF "HARDCORE" SOCIAL OFFENDERS

John F. Twomey, Ed.D.

A major factor to be considered in transactions with social offenders is the maxim that not all offenders are alike. Nevertheless, due to the constriction of their personality patterns, which results in game behavior and difficulty in time structure, there do appear to be characteristics and processes which occur quite regularly in their treatment, such as difficulty in maintaining or initiating a contract with the therapist. This characteristic is a manifestation of the offender's incapability of experiencing the usual warmth of initiating and maintaining relationships with people — the residuals of a "Burned Child State." He defends this ego state (Position, I'm not OK, they tell me I'm not OK), with a self-centered, self-stroking, stimulus-seeking position (I'm OK; they're OK when I control them). This chronic adapted Child ego state masks the basic depressed "Burned Child" ego state with the result that the individual has an insatiable need for action and motility which he seeks to gratify through new cars, fancy clothes, and expensive women. The hyperkinetic defensive Child prevents the Adult of this individual from reflecting upon previous experiences, both pleasurable and unpleasurable. The consequent continual activity which requires a more than average amount of money is the prelude to the criminal behavior which brings him before the courts.

In his contacts with authority figures the offender develops and learns to adapt to different social stroking behaviors which enable him to play Brown Stamp games of Kick Me and NIGYSOB. His initial approach in his communications center upon Child to Parent transactions, the Child often becoming enranged and accordingly disciplined by the Parental authorities. He soon succumbs to the rules, regulations and pastimes of these authority figures and becomes involved in con games (ulterior transactions), in which he usually is the loser or victim because of the environmental power structure. The "Burned Child" ego state then cathects and manifests itself in a "Shit-Eating Grin" on the face of the offender. Soon the "transformed" offender has advanced from elementary to high-school game playing. He finds that he no longer needs to be as physically destructive as he was formerly, that he can get kicked verbally and only occasionally needs it physically.

In TA treatment with the offender, the same ulterior transactions provide the patient's provisional imago of the therapist. Game behavior has been positively reinforced through successful manipulation of authority figures as well as fellow inmates through buying and selling persons and things. The pseudo-Adult Parent state is in the executive as the patient begins his trans- "Burned Child" ego state with its resulting "grin" to cathect. The patient's 'Burned Child" ego state with its resulting "grin" to cathect. The patient's facial expressions then change from a chronic frown and blinking eyes to a large dilation of the pupil. This happens when the therapist confronts the

patient with the difference between what he is saying and what he is really experiencing.

This is an excellent time to introduce Structural Analysis to the client who now has all three ego states alerted. A contract can thus be initiated. The patient does not get the usual pay-off from a NIGYSOB game situation; this frustrates his manipulating Parent; the situation feels strange but generates an unaccustomed warmth. For the first time the "Burned Child" feels free to come out of the closet and shoot straight with the world. His reaction usually comprises both anger and amazement at his own reality, without exploding or overacting. Repetitions of these transactions subsequently occur until Adult functioning is able to assume control. When the patient signifies that he is ready to give up his anger racket and crooked transactions, the therapist responds accordingly by giving him permission to feel good legitimately.

TA treatment thus effects a change in attitude and behavior and provides the impetus for legitimate learning in areas which have previously been problems for the "hardcore" social offender.

Dr. Twomey is affiliated with the Rehabilitation Institute and the Center for the Study of Crime, Delinquency and Corrections at Southern Illinois University.

A REMINDER FROM OUR PRESIDENT

David Kupfer, Ph.D.

The efficient and effective group therapist needs to have three little words — what, why and how — in his mind at all times when sitting with a group.

"What?" refers to "What is going on in this room?" Specifically, it means "What are the ulterior transactions between people, the messages, the games and script revelations?" Most of this is on a level below the content of a given conversation. Most often a group therapist becomes too involved in the content of what was being said rather than using his third ear for what people are doing to each other, to him, and the ulterior messages going back and forth.

"Why?" means simply that the therapist asks himself before opening his mouth "Why do I want to say what I want to say?" He often finds that what he thought was Adult might have been Child; for instance, 'Look how clever I am," or his Parent verbalizes certain expectations which might not be rational. By applying "Why?" many therapists in training have sharply cut back on the amount of words they are using because they found irrationalities in themselves.

"How?" pertains to "How can I say it so it will be most effective?" "Do I want to talk from my Adult to the patient's Adult, or to his Child?" "Need I turn on a Parent who is more potent than the patient's?" Most of all, "How can I say it so what I say will be accepted by the patient?"

BIBLIOGRAPHY

It is no longer possible to keep a complete record of the references to and notes about transactional analysis which appear in the professional literature, much less those in lay and popular publications. There are also apparently theses being written about or involving the subject, for higher degrees, which our members do not even hear about. Below is given a selection of recent publications dealing primarily with transactional analysis which might be of interest to our members.

Dr. Thomas Harris, President of the Sacramento Institute for Transactional Analysis, has written *I'm OK . . . You're OK: A Practical Guide to Transactional Analysis.* This will be published in 1969 by Harper & Row. The first three chapters have been mimeographed and are used as a text at the Sacramento Institute. It is the first book on the subject written by someone other than Berne. The chapters are: 1. The Literature 2. Parent, Adult and Child 3. The Four Life Positions. The mimeograph is available from SACTA for $1.25.

In the October issue of *Pastoral Counselling* appears an article entitled "The Use of Transactional Analysis in Pastoral Counselling" by Muriel James.

In the *American Journal of Psychiatry* for September is an article by Eric Berne, "Staff-Patient Staff Conferences."

Readings from *Games People Play* appear in recent books: *Human Development,* by M. L. and N. R. Haimowitz, and *Organizational Behavior and the Practice of Management,* by Dr. R. Hampton, C. E. Summer, and R. A. Webber.

The M.S.W. thesis of G. Brown, D. Fagenbaum, and L. C. Rostker in the Graduate School of Syracuse University, is entitled: "Conceptual Framework for the Examination of Psychotherapy Theories, Illustrated through the Theories of Eric Berne and Virginia Satir."

Rowohlt Verlag, the German publishers of *Games People Play (Spiele der Erwachsenen)* has contracted for the German translation of *The Structure and Dynamics of Organizations and Groups.* In due course, they plan also to bring out *Transactional Analysis in Psychotherapy.* They have also taken on the new edition of *Layman's Guide to Psychiatry and Psychoanalysis.*

The revised edition of that book, including chapters by Hilma Dickson, John Dusay, Mary Edwards, Muriel James, Ray Poindexter, and Claude Steiner, will be published by Simon and Schuster this month.

A big moment for Eric Berne occurs just as this issue of the Bulletin comes out. He will receive in the mail the first copy off Grove's press of his first non-psychiatric book, *The Happy Valley,* a children's story with beautiful colored illustrations by Sylvie Selig, who received the prize for the best children's book illustrations in France last year.

SUMMER CONFERENCE HIGHLIGHTS

The Sixth Annual Summer Conference of the ITAA was held at the Mark Thomas Inn, Monterey, California on August 23-25, 1968. 160 registrants from 15 states, Canada and Australia attended the Conference. Twenty-two professionals attended the Introductory Course Workshop, immediately preceding the Conference. The Examining Board met Friday evening, August 23, and admitted six candidates to advanced membership. Tapes of the complete Conference proceedings are now available. For further details contact the ITAA headquarters office.

The Conference was expanded this year, starting at noon Friday rather than Saturday morning. At a luncheon starting off the clinical sections, Eric Berne gave some introductory remarks. A number of registrants and their spouses attended social functions hosted by Eric Berne and David Kupfer.

One feature of the conference was a simulated group, conducted by Martin Groder as the therapist, at the end of Saturday's afternoon session. Among those playing the part of patients were Eric—I learn a lot by listening—Berne, Claude—How much does welfare pay you for my being here—Steiner, Dave—Listen to the doc, he's a real sharp guy even if he hasn't been in practice very long—Kupfer, and Bill—I'm terribly anxious—Collins. Stephen Karpman gave a display of sustained anality.

SUMMARY OF MINUTES

The Clinical Business Meeting was held August 25, 1968 at the Mark Thomas Inn, Monterey, California.

The following persons were accepted as advanced members by the Examining Board: Frances Cottington, M.D., Honolulu, Hawaii (CM); Fanita English, M.A., Chicago, Illinois (CM); Dorothy Jongeward, M.Ed., Pleasant Hill, California (SM); Richard H. Lee, M.D., Dubuque, Iowa (CM); Sydney B. Mannel, M.D., Chicago, Illinois (CM); Victor I. Matson, Jr., B.D., Oakland, California (SM).

Several members were reinstated as Active Trustees of the ITAA: Chaplain Hedges Capers, John R. Cooper, John J. Prusmack, M.D., Solon D. Samuels, M.D., and Jacqui Schiff, M.S.S.W.

The Nominating Committee announced the slate of nominations for the 1969 Board of Trustees and for 1969 officers. The ballots of the voting members of the ITAA will be tallied at the Annual Meeting in November. The new Board will then select the officers for the coming year.

It was decided that future Summer Conferences will be held at the Mark Thomas Inn in Monterey, California. The next two Conferences are scheduled for August 22-24, 1969 and August 21-23, 1970.

Special Membership applicants are now required to appear personally before and be examined by the Examining Board.

ANNUAL BUSINESS MEETING

The Annual Business Meeting of the ITAA will be held Sunday, November 3, 1968, at La Jolla, California. The meeting will start at 9:30 a.m. The address is the La Valencia Hotel, 1132 Prospect Lane, La Jolla. All Regular, Special, Clinical and Teaching Members are entitled to vote at this meeting.

EXECUTIVE CONGRESS

The 1969 Executive Congress will be held January 25 and 26 in or near Los Gatos, California. Eligible members will be notified when details are available. Attendance at this meeting is limited to Clinical and Teaching Members. The Examining Board will meet during the Congress if there are advanced membership applications to consider.

GEORGE

(Our sponsored orphan in Crete)

George writes: "At school we are not getting along well because we were sick with the mumps. We had a very nice time on our excursion; the people of the village we visited were very nice and took good care of us. The place had a lot of green, cold running water and many trees. I did not do well with my lessons because I was sick for a long time. A Cretan verse: "My dear rose, I picked you up from all roses and I made my heart a pot and planted you in it."

* * *

OBITUARY

ANITA WIGGINS, R.N., M.A.

Although Anita Wiggins was too busy with her public health work to maintain an intensive contact with transactional analysis, she was one of the first to become interested in it. It was about 1955 that a few people began to meet in Carmel, California, before there were other seminars on the subject. These included David Kupfer, Bruno Klopfer, Eric Berne, Haskell Bazell, Virginia Mitchell and others — and Anita Wiggins. She was modest, gentle, thoughtful, and attractive. Those of us who knew her feel sorrow at her untimely death, and will miss her as a long-time friend and as a devoted member of the nursing profession whom we could admire for her knowledge, grace, and enterprise. She died on July 10, 1968.

* * *

ST. CYR

Regarding last month's living problem, Chaplain John L. Whitsell writes his answer to the question "Should old man Snodgrass have hit Sneery on the head?" He says, "Nope, he should have kicked St. Cyr instead." We print this because, even though it is pretty uppity, it is the first written reply we have had to any of the questions St. Cyr has asked over the past four years.

TRANSACTIONAL PUBS BOOK LIST

Transactional Pubs is intended as a convenience for our members. Prices quoted include postage and taxes where applicable. All sales are cash prepaid, except for government and other requisitions.

LIMITED EDITIONS

PRINCIPLES OF GROUP TREATMENT, by Eric Berne. Limited edition of 500 copies, the same as the trade edition, with a special title page. Part I: General Principles of Group Treatment. Part II: Transactional Group Treatment. $6.83

RECENT ADVANCES IN TRANSACTIONAL ANALYSIS, by Eric Berne. Reprinted from "Current Psychiatric Therapies," 1966. 35c per copy.

TAPES

CONDENSED INTRODUCTORY COURSE IN TRANSACTIONAL ANALYSIS, TAB TAPE SUPPLEMENT NO. 2. Four lectures given at the Second Summer Conference, 1964. Four hours, 3¾ ips., professional recording. $26.25.

OTHER BOOKS AVAILABLE

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TRANSACTIONAL ANALYSIS BULLETIN

Published by the International Transactional Analysis Association Carmel, California

january, 1969 *volume 8* *number 29*

TRANSACTIONAL ANALYSIS BULLETIN

International Transactional Analysis Association

A Non-Profit Educational Corporation

Volume 8
Number 29
January 1969

Eric Berne, M.D., Editor
Gwen McEwen, Editorial Assistant

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. For institutions & libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and inquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California 93921.

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TRANSACTIONAL ANALYSIS WITH CHILDREN: THE INITIAL SESSION

Muriel James, Ed.D.

(Summary of presentation to the Fourth International Congress of Group Psychotherapy in Vienna, September, 1968.)

Who Are They?

The children I have worked with are eight years old or older, none has been hospitalized but all have been in serious trouble in their schools and/or in their families. They have come from a variety of referral sources, and sometimes have come alone, but usually with other family members.

What is the Situation Like?

The room is in warm colors with large windows against which roses grow and through which the fluttering leaves of birch trees can be seen. On many occasions this setting has been an important factor in turning on the child to the natural world. I am always in the room before a child comes on his first visit and try to appear unhurried as well as totally interested. After a casual, "Hi," I suggest they choose whatever chair they would like to sit in. They often try several. The chairs are of various heights, styles and colors. The low-to-the floor basket style swivel chairs covered in soft leather are most often selected by the children. As they snuggle down and swivel slowly around in them, their anxiety decreases almost immediately. (The Child has been relaxed, been comforted in this brief process, and I am then able to talk to their Adult ego state.) On the wall of the counseling room is a large lovely photograph of a nude, free, natural child. The child stands at the edge of an ocean, low waves lap at her feet; her arms are flung wide open as if to accept all of creation. I do not comment on the picture. However, as the adapted Child gets deconfused in the therapy process, children invariably talk about it and compare their emerging sense of freedom to the non-verbal invitation of the photograph. Phrases such as "I'm beginning to feel happy, just like that picture," are not uncommon.

The only other kinds of specialized equipment in the room are a small blackboard which has cartoon figures from children's stories around the edge; an ugly beanbag in the form of a frog; a plaster of paris princess who has "real" jewels in spite of being made of plaster, and several books of photographs of children which they sometimes persue intently.

What is the Process During the First Session?

The *initial question* I use is, "What do you think are the hurt points in your family?" (If other family members are present, each one is asked the same question.) The answers often indicate the nature of the contract that

will need to be established, if possible, before the end of the first session. The question also indicates to the child that he or she is capable of having his (or her) own opinion–an opinion that will be listened to.

Next come a few questions that begin an inquiry into his *Parent ego state,* such as "Who is in your family now?" "Did anybody else ever live with you, like a grandma?" "Who is boss in your family?" "What are they like?" "Do you act like them in any way?"

Becoming acquainted with the *Child ego state* comes next and includes some of the following questions: "What do you like to do?" "What do you play?" "With whom?" "What do you want to be when you grow up?" "What are your favorite stories?" "Do your parents use mottoes with you such as, 'Children should be seen and not heard?' " "If you were to use three words to describe yourself, what would they be?" "Would your mother (father, older brother, etc.) use the same words?", etc.

Next in this initial session, I pick up the small blackboard, hold it on my lap so that the child can see it and draw the *structural diagram* and explain how the questions and answers used show how people act and feel. "It's sort of like a jig-saw puzzle," I say, "there are lots of little parts to you and other people in the family. When these parts start to go together, the design will emerge."

By this time both the Child and the emerging Adult ego states are "hooked." If time allows, the question, "How do you usually feel when things go wrong?" is then used and the brand of trading stamps identified. Invariably, children enjoy this discovery–laugh at their own and others' stamp collections. This helps the emerging Adult and leaves the Child less confused.

Contract time has now come, and common beginning contracts are often things such as: "Stop being mean," "Get over feeling like I'm always bad," "Get over being scared," "Get over my stomach aches before going to school," "Stop having temper tantrums."

A *homework assignment* comes last. It may include a suggestion that they try to discover some "jigsaw puzzle pieces" such as what makes them feel "mean," or what happens before and after they get stomach aches, or what do people do when they have a temper tantrum? This will be their beginning data-gathering process on "pay-offs." At later sessions come discussions and identification of their games and scripts. The initial session only raises the curtain on their life drama.

Dr. James is a Special Member of the I.T.A.A. and is Dean of the Laymen's School of Religion in Berkeley, California.

"IT'S TOO SOON TO TERMINATE" (A CONSULTING ROOM GAME)

W. Michael O'Leary, B.A. and Robert Zechnich, M.D.

Thesis: When termination of therapy is imminent – whether or not it has already been explicitly mentioned – the patient presents a marked recurrence of original symptoms, or some new symptom. This is a bid for the therapist to extend the therapy. Often it effectively prevents the issue from being raised at all.* The therapist cooperates because he is conscientious and because of his own reluctance to let the patient go. Termination is thus not accomplished, and the therapy continues indefinitely.

ITSTT occurs frequently and in varying degrees; the third degree form is a suicide attempt. This game explains in part the inordinate duration of much psychotherapy.

The psychotherapeutic engagement consists of two levels: the objective task of abolishing neurosis, and the human existential tie between two people. Many patients, and some therapists, are tempted to ignore the existential difficulties of separating, and pretend that the *work* is unfinished. This pretense constitutes the ulterior nature of the transactions.

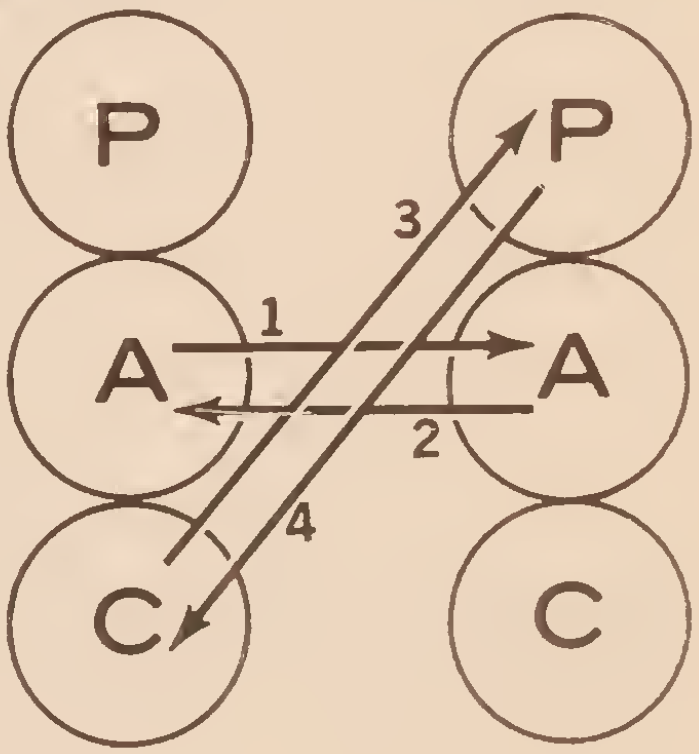
Aim: Maintenance of symbiosis
Roles: Sincere patient, conscientious therapist
Dynamics: Fear of emancipation on the part of the patient, and fear of separation for both patient and therapist
Examples: (1) "Why go away to college when I can live at home where it's quiet for studying (more convenient, save money, etc.)?"
(2) Indefinitely prolonged psychotherapy

Social Paradigm:

Adult: (1) "Guess what? My insomnia is back!" Or, "I've never had trouble sleeping before, but for the past two weeks I just toss and turn all night." Adult: (2) "You're not ready to terminate yet."

Psychological Paradigm:

Child: (3) "Do you still love me and will you still take care of me?" Parent: (4) "You really *do* need me, don't you?"



Moves: 1. (a) Demonstrated need; (b) Response to need
2. Mutual tacit agreement to continue

Advantages: 1. Internal psychological – continued gratification of dependency wishes

2. External psychological – avoidance of fear of autonomy and responsibility: avoidance of separation anxiety
3. Internal social – ITSTT
4. External social – "Psychiatry, Introjective"
5. Biological – reciprocal stroking through being taken care of, and being needed
6. Existential – "Everybody needs somebody, ya' can't make it alone."

Relatives: School Phobia.

Antithesis: Occasions when further work is legitimately warranted must be distinguished from the initial move of the game; the therapist must make an objective assessment to establish the legitimacy, or non-legitimacy of further therapy. One clue is the patient's readiness to accept (Adult) information to the effect that the recurrence of symptoms close to termination is a common phenomenon. If the patient's behavior is an opening move in ITSTT, the therapist needs to disregard the symptoms and proceed with termination; the symptoms will disappear spontaneously. Paradoxically, in those instances in which immediate direct antithesis is not feasible, e.g., third degree, work will have to continue for a limited time in order to analyze and discontinue the game. The analysis will focus on the separation fears which have generated the game.

* Our thanks to Neil Ross for this insight and for helping with the manuscript.

Mr. O'Leary is a graduate student in Psychology at San Francisco State College. Dr. Zechnich is a psychiatrist in private practice in Berkeley and San Francisco, and a Clinical Member of the I.T.A.A.

*

GEORGE

(Our sponsored orphan in Crete)

George writes: "I am well and I wish the same for you too. I went with the boat to a place two hours distant and the sea was rough. I went there with my friends and had a nice time since the place was by the sea. School is opening and I went for my registration. Tourists are leaving us, there are very few around. I was looking at them every day while they were swimming and having sun baths. I will now write you a Cretan song: 'Letter, when you are in the hands for which you are destined, greet them and if you are asked about me, tell them what you know.'"

SCHLEMAZL - THE GAME

Thomas Symons, M.S.W.

A Schlemiel is the waiter who is always spilling soup on the customer. A Schlemazl is the customer who is always getting soup spilled on him. The Schlemiel apologizes and the Schlemazl forgives. Berne describes an aggressive Schlemiel in *Games People Play,* but dismisses the Schlemazl as something like the "good natured fellow" of Paul De Kock. One, however, can find bad natured fellows who agressively create situations where they ultimately demand an apology and then forgive. In a therapy group, for example:

1. White: "You act like I talk too much; like I am controlling the group!"
(Here comes a waiter; I'll stick my foot out)

1. Black: "You definitely do, and are!"
(You are asking for this soup in your lap!)

2. White: "Well damn it, see if I say anymore!"
(Apologize!)

2. Black: "Oh hell, you are not all that bad."
(I apologize)

3. White: "O.K."
(I forgive you and I win)

An agency staff interchange:

1. White: "As a supervisor, you stink!"

1. Black: "You're too stupid to know if I do or don't."

2. White: "That's what I mean! You take advantage of your position; your power!"

2. Black: "Maybe you're right. I did hit you pretty hard."

3. White: "I know you were trying to help me."

Although Black often senses he is a sort of victim, like a true Schlemiel his destructiveness is forgiven.

Mr. Symons is a social worker at a correctional institution and a member of the Los Angeles Transactional Analysis Seminar.

THREE OBSERVATIONS

Jonathan B. Weiss, Ph.D.

1. A woman observed, "When I am turned on, when my spontaneous Child is out, all the lights seem brighter." This suggests a perhaps overlooked dimension of interest to those studying the physiological correlates of ego state changes, specifically, pupillary dilation as an index of arousal, attention, and interest.

2. The prototype of authentic stroking (see Capers, TAB 6:104, October, 1967) can be seen when the parent looks over the edge of the crib at his infant child, whereupon the child uncrosses his eyes, focusses on the parent's face, and smiles for the first time. The infant's smile is the original authentic stroke, and its beneficial effects on the receiver are usually obvious. This notion, incidentally, is quite similar to Carl Rogers' concept of Unconditional Positive Regard, which is seen as an essential ingredient of any growth-promoting relationship.

3. Karpman's formulation of the interchangeability of roles in the Persecutor-Rescuer-Victim triangle (Summer Conference, 1968), together with the characteristic games of each role (NIGYSOB, ITHY, and KICK ME or COPS AND ROBBERS), can be seen to apply in many supervisory relationships. For example, a supervisor pointed out a therapist's ITHY with a patient who was an expert KICK ME player, where upon the therapist immediately complained, with great affect, that she was being unfairly criticized. The strength of her reaction "proved" to the supervisor that he was right, which he pointed out in a typical NIGYSOB fashion. Although the supervisor saw what was happening at this point, and pulled out of the transaction to describe it, it is clear that several interesting possibilities could have occurred. For example, the therapist could have switched from Victim to Persecutor, challenging the supervisor's actions, whereupon the supervisor would undoubtedly have attempted ITHY with the therapist. Another possibility is that the therapist could have switched from ITHY to NIGYSOB with the patient, giving the supervisor the opportunity to feel Victimized by his overly-obedient supervisee. It can be seen that the permutations and combinations in this triangle can lead to many interesting variations, none of which would lead to the patient's getting better or the therapist doing better treatment. (ITHY: I'm Only Trying to Help You; NIGYSOB: Now I've Got You, You S.O.B!)

Dr. Weiss is a Staff Psychologist at the Charles F. Read Zone Center in Chicago.

EDITOR'S PAGE

It is now thirteen years since the reading of the first formal paper on transactional analysis (at the annual meeting of the Los Angeles Group Psychotherapy Society), and the Seminars are eleven years old and the Bulletin eight. We are sufficiently well established to undertake one, or even two crusades, or rather the Editor feels that he can take it upon himself to do so.

(1) The Basic Value Standard. It is the fashion among psychotherapists to disclaim moral judgments, but his does not sit well with all of us. There must be *something* worth fighting for. There is one basic human characteristic which has an almost universal appeal, and which is as altruistic in its manifestations as it is possible to get. That is mother love, or better, the love of parents for their children. The fundamental empirical criterion of this is the infant mortality rate, that is, the number of infant deaths per 1000 live births, as it is expressed statistically. All other moral judgments are relative and trivial compared to this: whatever lowers the infant mortality rate is good, whatever raises the infant mortality rate is bad. It is difficult to think of any moral standard which will stand up under rational criticism as well as this one. If this is granted, it gives us an acceptable quantitative standard for judging the goodness and badness of nations. It cannot fairly be applied to individuals because of the enormous variation in circumstances, but for large populations it can stand, I think, as an indestructible criterion.

Every government has, directly or indirectly, the power of life and death over any and all of its citizens. By legislation, discrimination, and police action, it can make them rich or make them poor. By education it can make them loving or destructive toward their fellow-citizens or toward the citizens of other nations. To make it easier and less Utopian, we will consider only its actions toward its own nationals. We can then grade every nation in the world by a single standard: comparing its infant mortality rate with the infant mortality rates of all other nations.

By this standard, certain African nations emerge as the worst in the world, and Monaco and the Ryuku Islands (oddly enough) as the best in the world, according to the Mortality Statistics of the World Health Organization for 1965, with the other nations in between. The United States and Canada are fairly close to the top, and India is fairly close to the bottom. This already yields two value judgments: there is room for improvement in North America, and all the talk about the value of Indian philosophy is poppycock. While Gurus are teaching their meditations, and Fakirs are inviting their souls, babies are dying like flies and because of flies all around them. What kind of philosophy is that? War is bad not because of speculative

dogmas about humanity, but because it increases the infant mortality rate. Oppressive governments are bad, not because they exploit people, but because they increase the mortality of infants under one year of age, who as far as we know are completely apolitical. These are the judgments yielded by eliminating all other criteria, and using infant mortality rate as the sole standard.

Thus the first crusade is against The Four Horsemen, War, Pestilence, Famine, and Death, which no matter how much they may ennoble the characters of those who survive them, are nevertheless bad because they increase the infant mortality rate.

(2) Esthetic Standards. Esthetic standards may appear trivial in comparison to dying babies, but the two are not entirely unrelated. Roughly speaking, the infant mortality rate in a given country is inversely proportional to the square footage of art gallery, theatre stage, concert hall, and book shop per 1000 population. As a rule of thumb, this may be stated: "The more pictures on the wall, the fewer babies will die." The immediate target of the second crusade are the social agencies of California. The bleak surroundings of their quarters do nothing to diminish the poverty of thought, feeling, and wallet found among their clients.

Thus the second crusade is against the Fifth Horseman of the Apocalypse, Bare Walls in our Social Agencies, and its slogan is that no room or cubicle in any social agency should be without at least two art works on its walls. Your Editor ventures to predict that when this demand is met, the infant mortality rate among the clients of those social agencies will decrease. This is not a matter to be settled by speculation or discussion, but only by an actual trial. This is offered as a reductive criterion: regardless of all other circumstances, infant mortality rate will be inversely proportional to picture count.

E.B.

A THOUGHT FOR SPRING

A child is concealed in the man; it wants to play.
Come women, discover the child in man.

F. Nietzsche

TRANSACTIONAL ANALYSIS BULLETIN

Volume 7, Nos. 25-28, 1968

SUBJECT INDEX

Alcoholism 6ff
Am. Psychological Meeting 95
Annual Meeting 68, 100
APA Meeting 58, 76
Asthma 64
Bibliography 22, 60, 98
Book lists 36, 74
Case histories 43, 66, 91
Clinical Bus. Meeting 99
Community, therapeutic 79
Conferences, staff-patient 5
Conflict, racial 87
Confrontation 1, 96
Contracts 1, 81, 96
  financial 69
Co-therapists 62
Delinquents 48, 80, 96
  types 81
Diagrams
  drama triangle 40
  location 41
  role 39
Directory of Affiliates 32, 54, 71
Drama triangle 40, 81, 83, 86
Education, religious 1
Ego states 37, 53, 61, 88
Executive Congress, 1968 59, 100
Fairy tales 18, 39ff, 51, 85
Family therapy 78
Games 3, 6ff, 16, 44, 46, 50, 60, 61, 64f, 81, 87
  formal analysis 9ff, 44f, 51f, 64
  zero sum model 47
Gestalt Therapy 79
G.G.G.P.S. Conference 76
Graffito 90
Group treatment 62, 88
  advances 85
  using graffiti 90
Hippies 18
Humor 57, 69
Index, Vol. 6 21f
Injunctions 43, 50, 67, 81
Intervention 92
I.T.A.A., history of 19
List of Members, 1968 23ff
Listening 82
Living Problem 35, 70, 100
Marathons 82
Married couples 91
Military offenders 16
Movie on TA 93
News from Branches 60
Obituary 100
Object-relations theory 53
Organizational News 99
Paranoia 44
Permission 2, 62f, 89, 90
Personals 35, 53, 95
Plays
  Hamlet 66ff
Positions 66, 92, 96
Potency, therapeutic 63
Probation officers 48, 68, 80
Protection 62f
Psychotherapy
  IDEAL Method 83
  short-term 83
Psychotics 88
Rackets 86
Research grant 68
Schizophrenics 85
Scripts 49, 61, 66ff, 84, 86
  antithesis 68
  checklist 66ff, 81
  counter-injunction 80
  counterscript 49, 66
  decision 66
  drama analysis 39ff
  matrix 43
  mythical hero 67
Seasonal thoughts 20
Selection of patients 62
Stroking 77, 78, 89

Structural analysis 37f, 88, 97
Summer Conference, 1968 59, 77ff, 99
Therapists 97
  training 53, 90
Therapy groups
  children 84
  termination 53
Trade unions 4
Trading stamps 49, 67, 85, 87
Transactional analysis
  adolescents 84
  children 84
Transactional analysis (continued)
  in Europe 58, 75, 93
  in hospitals 88
  in translation 31
  race relations 87
  schizophrenics 85
  teaching 2, 3, 87, 93
  teaching laymen 86
  terminology 61
  treatment philosophy 61ff
  with delinquents 48, 80, 96
Transactions 61

TRANSACTIONAL ANALYSIS BULLETIN

Volume 7, Nos. 25 - 28, 1968

NAME INDEX

Alpert, B. 4
Berne, E. 2, 5, 58, 93, 98
Bomberger, R. 93, 95
Boyce, M. 87
Blum, P.M. 58
Bonner, C.E. 92
Bush, G.K. 53
Callaghan, V. 3, 20
Capers, H. 78, 91, 99
Chatowsky, A.P. 16
Cheney, W. 66
Collins, W.J. 77, 82
Concannon, J.P. 79, 90
Cooper, J.R. 59, 78, 99
Cottington, F. 90, 99
Crossman, P. 85
David, G. 47
Dusay, J. 58, 79
Eckroth, D.R. 65
Edwards, M. 37, 84
English, F. 88, 99
Ernst, F.H. 82, 90
Everts, K. 19, 58, 83
Fabian, K.J. 53
Freed, A.M. 46
Garrett, A. 20
George (Orphan) 56, 70, 100
Goulding, R. 19, 53, 79
Groder, M. 3, 49, 59, 92
Haiberg, G. 19, 79, 88
Haimowitz, M. 87
Hamlet 66
Hardgrove, C. 57
Harris, T. 19, 92, 98
Hart, H.M. 80
Horewitz, J. 69
James, M. 87, 98
Jesness, C.F. 68
Johns, H.D. 91
Johnson, R.L. 16
Jongeward, D. 99
Karpman, S. 3, 5, 39, 58, 85
Kay, C.L. 58
Kupfer, D. 1, 19, 53, 82, 90, 97
Lee, R.H. 92, 99
McCormick, P. 68, 80
McEwen, G. 20, 87
Mannel, S.B. 84, 88, 99
Mart, L. 82, 90
Matson, V. 1, 64, 99
Miller, P. 5
Mothersill, P. 1, 52

NAME INDEX (Continued)

Northcott, M. 19
Pain, R. 69
Parker, P. 93
Paul, L. 60
Perls, F.S. 79
Phillips, P. 5
Piehl, W. 84
Poindexter, W.R. 2, 18, 85, 93
Prusmack, J. 79, 99
Ridenour, D. 48
Rosenfeld, B. 95
Samuels, S.D. 77, 83, 99
Schiff, J. 5, 85, 99
Sivertsen, J. 35, 53
St. Cyr., C. (pseud.) 20, 35, 70, 100
Steiner, C. 2, 6ff, 19, 58, 60, 61, 85, 89
Steiner, U. 2, 89
Teutsch, C.K. 83
Twomey, J.F. 80, 96
Whitsell, J.L. 100
Wiggins, A. 100
Zechnich, R. 44, 82

*

OUR PRESIDENT'S TRAVELS

During the month of October and the beginning of November David Kupfer went on an extended tour giving introductory courses, holding marathons and workshops in Memphis, Tennessee, Dubuque and Des Moines, Iowa, Chicago, and Seattle, Washington. He also appeared on T.V. in Iowa, talking about T.A.

*

MANUSCRIPT PREPARATION

Mrs. Arloine D'Angelo, an experienced typist and editor of scientific manuscripts, with a degree in English, is offering to edit and correct articles for publication in the Bulletin. She is interested in TA and states: "I could be of service to ITAA members who wish to publish papers, but who are uncertain of questions of grammar, sentence structure, rhetoric, and form in their writing. What they might find tedious, I find enjoyable. Prices are reasonable." Her address is P.O. Box 50, Benicia, California.

*

A CORRECTION

Please note the following correction in the October 1968 Bulletin (Volume 7, Page 85). The last paragraph of TA WITH CHILDREN AND ADOLESCENTS should read as follows:

In the discussion, Kupfer clarified the distinction between the adapted Child who is conforming to an *internal* influencing Parent, and the complaint Child who is conforming to external Parents, acting as he thinks others expect him to.

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BOOK REVIEW

Techniques of Family Therapy, edited by Jay Haley and Lynn Hoffman

Reviewed by James Horewitz, M.D.

The authors of this book interviewed four experienced family therapists and a brief therapy team about a single initial family session that is designed to be therapeutic. The interviews are interspersed with the tape recording of the session with the family. The book is an attempt to discover what the therapists would do with the family and why.

The therapists agree on certain points. For example, the idea that a symptom or an identified patient is a sign that the family system is involved with the symptom or patient. Also, each therapist, in his own way, attempts to reduce blame in the family, and make clear that family therapy is not a fault-finding system. Also, each therapist attempts to seduce the family into treatment.

The therapists maintain a position of diffidence about the complexity of what they're doing except for Virginia Satir, who is more forthright.

Each therapist has interesting idiosyncrasies. Dr. Fulweiler leaves the room and goes into the observation room to observe the family working on their various problems. Dr. Wittaker tends to work with a co-therapist almost always. Mrs. Satir tends to stick close to a history-taking mold. Dr. Jackson works very hard to set up a relationship of equality in the family. The brief therapy team in Denver tends to have a psychiatrist, a social worker and a psychiatric nurse treating a family at the same time. The latter group treat, in their project, family patients that many other therapist would place in the hospital. The idea of avoiding hospitalization by a brief crisis therapy with the family is interesting.

In general, this is an excellent book for both inexperienced and experienced family therapists, because it is a concerted attempt to find out what family therapists are actually doing.

Dr. Horewitz is a Teaching Member of the I.T.A.A. This book is available through Transactional Pubs.

EDUCATIONAL ACTIVITIES

TA AT THE APA

The ITAA will present a panel on "Character Types and Games They Play" at the Annual Meeting of the American Psychiatric Association in Bal Harbor, Florida, on the evening of Tuesday, May 6, 1969. This will deal with

the development of psychoanalytic character types and their choices of games. We are fortunate in having two psychiatric pediatricians who are trained in transactional analysis as well as in psychoanalytic theory, to deal with the early years of life. They are Sydney Mannel and Robert Zechnich. Other panel members will be John Dusay and Claude Steiner, with Eric Berne as Chairman. Others of our members who are attending will no doubt contribute to the discussion. Following the panel, as usual at such meetings, our Hospitality Room will be opened in the afternoon and there will be a celebration after the panel meeting.

*

News from the Branches

TA AT ZURICH

W. Ray Poindexter will present a paper for the Green Meadow Foundation at the Gottlieb Duttweiler Institute for Economic and Social Studies in Zurich, Switzerland at the conference on "Restraintive Structures of the Modern Industrial Society on March 6-7, 1969. Others presenting will be Betty Freidan, Viktor Frankl, Vance Packard, and C.N. Parkinson. Dr. Poindexter's paper will be called "Games Prevent Social Progress."

TA IN CZECHOSLOVAKIA

As far as we know at present, the Czech translation of Games People Play is going forward as scheduled and it should be published some time this summer.

TA IN MARIN

Under the guidance of Melvin Boyce, Transactional Analysis in Marin is a new study group activated in Marin County, north of San Francisco, following his course in TA in the Adult Education program of that county.

TA AT UC

Muriel James will present an Education Extension Course at the University of California at Berkeley for administrators and teachers. This will be concentrated from Friday, February 7 to Sunday, February 9. It will be good for two quarter-term unit credits. For information, call (415) 624-1171. This is in addition to Dr. James' regular courses in TA at the Layman's School of Religion.

SAFTAS

Among the distinguished people from abroad who visited or studied at the San Francisco Transactional Analysis Seminar during the past year were:

Dr. Seong Hong, of Korea, and now at graduate school in Memphis, Tennessee; Dr. Brian Thomson, of Newcastle, Australia; Professor Hans-Karl Leuner, of Gottingen, Germany; Dr. J.A. Bockmann de Faria, of Londrina, Brazil; Dr. John Higgins, of Sydney, Australia; Desy Safan, of Santiago, Chile; Dr. Bruce Rhoades, U.S.N., of Yokosuka, Japan; and Dr. Frances Cottington, Honolulu, Hawaii, U.S.A. Most of these people visited other Seminars as well.

CHITAS

Dr. Claude Steiner presented a workshop on scripts in Skokie, Illinois on November 22, 23 and 24, 1968. The workshop was sponsored by the Chicago Transactional Analysis Seminar, and participants came from the surrounding Midwest states as well. He also demonstrated a brief permission class. The social highlight of the weekend was a party at Charles Elias' apartment.

Those attending included: Drs. Morris and Natalie Haimowitz, Dr. Jonathan Weiss, Charles Elias, Midge Gibbs, Mr. and Mrs. Jack Tanzman, Melissa Allen, Steve Hansen, M.D., Rosemary Brandt, M.D., Richard Lessor, Sally Miller, Lena Hartenstein, Ted Novey, Ph.D., Dick Tapley, Ph.D., Lois M. Johnson, Jane Levenberg, and Sondra Terrel.

OKLAHOMA CITY

The newest affiliate of the I.T.A.A. is the Oklahoma City TA Study Group. Under the leadership of psychiatrist James Allen, M.D., a number of staff members at the Medical Center of the University of Oklahoma have formed the group. Details are listed in the Directory of Affiliates.

*

CLINICAL NOTE: OPERANT CONDITIONING AND T A

Morris L. Haimowitz, Ph.D.

The basic element in TA is the stroke. The basic principle in operant conditioning is reward. So what is the difference? Operant conditioning is based on one important principle: undesired behavior is ignored, and desired behavior is rewarded. Remarkable changes have been reported in carefully measured experimental studies by neglecting undesired behavior and rewarding desired behavior. Question: Will TA therapy be more effective by using this well-established operant conditioning principle?

See "Changing the Game" in *Trans-Action* (published by Washington University, St. Louis, Missouri), January 1969, for example of operant conditioning experiment.

A POEM
for jay

brothers
come in all
colors; black
brown rosy
faces. your
face serene
cloudy
questing your
ying yang
face
pulls
in returns
in a loving
prism
my being your
being
o.k.

(copyright 1968) Max Hart

Organizational News

EXECUTIVE CONGRESS

The Fifth Annual Executive Congress of the I.T.A.A. was held on January 25-26, 1969 at the Hyatt House Hotel in San Jose, California. The Examining Board accepted the following people as advanced members: (TM) Mary Edwards, M.S.W. (Carmel, California); (CM) Morris Haimowitz, Ph.D. (Chicago, Illinois); (CM) Natalie Haimowitz, Ph.D. (Chicago, Illinois); (TM) Robert Zechnich, M.D. (Berkeley, California). The resignation from the I.T.A.A. of Robert L. Goulding, M.D., of Carmel, California, was announced.

A new class of clinical members was instituted, to be named Limited Clinical Membership (LCM). This type of membership will qualify professionals who are in a position to practice psychotherapy within the authority diagram of an institution, such as nurses, clergymen, probation officers and teachers. The I.T.A.A. plans to compile a handbook outlining the minimum curriculum requirements for various professional groups, so prospective applicants for LCM will know what is expected of them.

The Finance Committee reported on the financial situation for 1968 and presented the projected expenses for 1969.

The Teaching/Study Outline presently sold by Transactional Pubs will be discontinued, and a new, up-to-date one will be written.

During a clinical session the members discussed a number of recent advances in the theory and practice of TA. Some of these topics will be covered at length during the Summer Conference in August.

*

A NEW BOOK BY ERIC BERNE

The first shipment of *The Happy Valley*, a children's story with beautiful colored illustrations by Sylvie Selig, has just arrived from Grove Press. This is Dr. Berne's first non-psychiatric book. *The Happy Valley* is now available through Transactional Pubs, P.O. Box 5747, Carmel, California 93921. $5.35 including tax and postage.

SUMMER CONFERENCE

I.T.A.A. members who have pertinent clinical material they would like to present at the Summer Conference on August 22-24, 1969, are invited to contact the I.T.A.A. Headquarters office. If you would like to present a paper or participate on a panel, please let us know by MAY 20.

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists psychologists, psychiatric nurses and social workers, correctional officers, social scientists and clergymen. The teaching is primarily oriented toward group therapy, social dynamics, and personality theory based on transactional analysis. The Association is now in its eleventh year, and is self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Study Groups are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible. Qualified people can become Associate Members of the ITAA by filling out the blank below. They may become Regular Members after taking a complete Introductory Course or its equivalent, and may apply for Clinical or Special Membership after their training meets the standards of the Membership Committee.

All classes of membership include: (1) Subscription to the Bulletin (2) Entree to Seminars and Study Groups when traveling (3) Hospitality of the temporary ITAA headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences (5) Listing in the Annual Geographical List of Members.

Those desiring Associate Membership (or Regular Membership if eligible) may fill in the coupon below and enclose the membership fee. Subscriptions to the Bulletin are available to institutions and libraries at $5.00 per year and to individual professional workers at $10.00 per year.

PLEASE ADVISE US OF A CHANGE OF ADDRESS. USE THE COUPON BELOW TO APPLY FOR MEMBERSHIP OR TO RENEW IT WHEN IT FALLS DUE. PLEASE ENCLOSE MEMBERSHIP FEE.

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TRANSACTIONAL ANALYSIS BULLETIN
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contents

january, 1969 *volume 8* *number 29*

Feature Article *M. James* 1

It's Too Soon To Terminate *R. Zechnich* 3

Schlemazl–The Game *T. Symons* 5

Three Observations *J.B. Weiss* 6

Editor's Page *E. Berne* 7

Index, Volume 7 9

Geographical List of Members 12

Book Review 24

News from Branches 25

Organizational News 28

TRANSACTIONAL ANALYSIS BULLETIN

Published by the International Transactional Analysis Association Carmel, California

april, 1969 volume 8 number 30

TRANSACTIONAL ANALYSIS BULLETIN

International Transactional Analysis Association

A Non-Profit Educational Corporation

Volume 8
Number 30
April 1969

Eric Berne, M.D., Editor
Gwen McEwen, Editorial Assistant

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. For institutions & libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and inquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California 93921.

Papers, clinical notes, news items, and letters should be addressed to the Editor at the above address. They should be legibly typewritten, double-spaced, on opaque paper with wide margins.

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THERAPEUTIC CONTRACTS IN GROUP TREATMENT[1]

Claude M. Steiner, Ph.D., and William Cassidy, B.A.
Berkeley, California

Group treatment needs to be distinguished from any number of activities which may be undertaken in groups, and which may be of therapeutic value. Watching a boxing match or football game, finger-painting, dancing, or expressing feeling can, when practiced in a group context, be of therapeutic value. The most basic difference between group treatment and these other group activities is that the former is contractual while no contract is usually associated with the latter.

It has become increasingly accepted that psychotherapy is a contractual relationship, and that without a contract the effectiveness of treatment is greatly diminished. But this recognition does not seem to find reflection in the actual techniques of group treatment generally practiced. It is the purpose of this paper to suggest that the contract in treatment should be regarded with as much respect as contracts are regarded within the courts of law, and that the legal aspects of contracts are fully applicable to the therapeutic contract.

Contracts must contain four basic requirements to be legally valid. Inasmuch as these requirements have been historically evolved from innumerable litigations, over hundreds of years, they may be accepted not only as legally necessary, but socially desirable as well.

Mutual Consent

Implies an offer of what the therapist will give, in return for some act or promise (consideration) by the patient which indicates the patient's acceptance. The offer must be manifestly communicated, definite, and certain in its terms (an attempt at amelioration or cure of disturbance). In order to make an intelligent offer, the therapist should know the nature of the patient's problem, and it is his duty to elicit this information. Thus the patient should state what he wants to be cured of in specific, observable, behavioral terms. Words such as relationship, meaning, repression, learning, happiness, emotional, mental, responsibility, achievement, etc., and in general words of more than two syllables, are largely unusable in contracts because of their vagueness.

Because the patient often has little knowledge of what the therapist's offer to treat consists of, and may grasp at any offer to relieve his plight,

[1]*Abstract of a paper presented before the 1967 yearly meeting of the Golden Gate Group Psychotherapy Society.*

the therapeutic offer should contain a description of proposed services, and the conditions which will be considered to constitute a fulfillment of the contract. The end to be achieved should, once again, be stated in specific, observable terms, so that all the members of the group can assess whether the contract's terms are being fulfilled.

When the patient has no clear understanding of the offer, it may be advisable to arrange a short-term Stipulatory Contract of from four to six weeks' duration. This method may be warranted when the patient himself must become aware of the need for treatment so as to accept it properly. Offer and acceptance are essential to every contract and imply mutual consent.

Valid Consideration

Every contract must be based upon a valid consideration. A benefit conferred may be bargained for and agreed upon. The benefit conferred by the therapist should always be, in group treatment, an attempt to ameliorate or cure a disturbance. The benefit conferred by the patient is usually monetary, but in the absence of monetary consideration some other consideration must exist, and should be bargained for. In some cases, attendance is sufficient consideration, but more than attendance is usually required. Active participation, or some other visible effort within or outside the treatment is usually required in the absence of monetary consideration.

Competency

Contractual ability is limited in certain cases: (1) Minors. Legally, minors, as defined by their age, cannot enter into valid contracts. The likelihood of establishing a contract with such a person is very slim unless the parents enter into a contract as well. (2) Incompetents. Those whose mental faculties are so impaired that they are incapable of understanding the consequences of their affirmation cannot enter into a contract and are therefore not appropriate patients in a treatment group. (3) Intoxicated persons. Persons under the influence of mind-altering drugs, to the extent that their Adult ego functioning is impaired so as to prevent mutual consent, cannot enter into a valid contract.

Persons who, for reasons of competency, are excluded from entering into valid contracts are not necessarily unable to profit from any number of therapeutic measures available to practitioners. Group treatment, however, being contractual in nature, cannot validly involve them.

Lawful Object

The contract must not be in violation of law or against public policy or morals, nor should the consideration be of such a nature. This stipulation is seldom of relevance, but must be considered with care when the treatment of drug abusers or persons with criminal involvements is undertaken.

The above points constitute the requirements for a valid contract. In the opinion of the writers, group activities which do not satisfy contractual requirements cannot be properly termed group treatment. It has been observed that the usual outcomes of various group psychotherapies duplicate the usual research findings wherein one-third of the patients get better, and one-third get worse. This is not surprising, since from the outset no agreements or expectations are overtly stipulated, and therapists in such groups openly admit that they don't stipulate that they will effect or attempt to effect a cure. In contractual treatment groups, on the other hand, the conscious efforts of patients and therapists are focused on the speediest possible achievement of a clearly understood end-state, and all group activity constitutes work with that end in mind.

TA WITH JUVENILE DELINQUENTS

Lois M. Johnson, M.A. Kalamazoo, Michigan

Juvenile delinquents in detention at the Kalamazoo County Youth Center found it difficult, if not impossible, to distinguish between the small p, parent; a, adult; c, child; and the Capital letters referring to Ego States. Structural analysis made sense to them and they expressed a sincere curiosity concerning their own behavior patterns. Definition of terms and their limited vocabulary was a source of constant frustration for the group.

As the group discussed behavior of each Ego State, one of the boys asked if it would be "allowed" to rename the Ego States. The group agreed on the following terms as understandable for the group.

Parent Ego State is now *The Man*, i.e., the person in boss position: attendant, dad, mom, cop, teacher, purse strings, experienced human, someone who knows the score, order giver, grade giver.

Adult Ego State is now *Cool Head*, i.e., the fact finder: no temper, no love, no hate, just cool, makes choices and changes mind.

Child Ego State is now *The Kid*, i.e., the cut-up; fun loving, nosey, irresponsible; the runaway, shoplifter, car stealer, truant, liar, fighter, and happy-to-lucky, live for today and now.

The group is "circling" out their own behavior and are learning to identify transactions with *The Man, Cool Head*, and *The Kid* Ego States.

Progress in the group has accelerated since the development of new terms and there appears to be a growing interest among other youth detained who ask to be included in group treatment.

(Ed. Note. This is a beautiful and stimulating example of how to torque in with patients. Undoubtedly many of us will find these particular terms useful in dealing with similar people. It is also a beautiful example of how to write down important observations concisely and relevantly.)

THE APRON STRING JOB

Joen Fagen, Ph.D.
Atlanta, Georgia

After initial explorations, there will come a time when an Adult Male and an Adult Female will confront each other about sex. Let us set a scene in a kitchen. Male comes in, stands directly in front of Female, and says, "Forget cooking. Let's go to bed." (Other variants may be more poetic but still clear and direct.) Female will then reply, "No, but thanks a lot," or "Great! I need 20 seconds to put this back in the refrigerator."

However, most sexual communications and invitations are not spoken by Adults, but by Sonnies, Mommies, Baby Dolls and Daddies, with little clarity and many hidden messages. (See Fagen, The Evaluation of Sexual Behavior during Psychotherapy, *Voices*, 1968, *3*, 50-51.) Of the possible combinations of various male and female ego states, the pairing of Sonny and Mommie is described here as an apron string job. While frequent in occurence due to the large number of Sonnies and Mommies, it is low in sexual pay-off because the actual pay-off is avoidance, rejection, blame and anger.

The scene is again the kitchen and Mommie is busy. Sonny, with a full catalogue in his head of dreadful things that can happen if he asks directly for anything, tiptoes up behind and tugs (winsomely) on Mommie's apron string. Mommie initially experiences fear – what if it's a Male trying to disrobe and rape her? But it's only Sonny, so she sighs with relief (and a trace of disappointment), gives him a cookie, and lets him stay and keep her company and feel appreciative and guilty at how hard she works. Often, of course, she will be annoyed and rejecting, since it's a nuisance to retie an apron with flour on her hands. Sonny will learn that basically women will reject him and make him feel guilty, but if he's a real good boy and sneaks up nicely, he can get an occasional cookie. He will turn into the perpetual good beau who, after five years of bringing candy every week, will see his girl elope with a traveling salesman, or, if he's really unlucky, marry him and raise N+1 children.

Some of the women that Sonny approaches will not be Mommies but Females, and their response to the apron string tug will be irritation. This makes a Sonny retreat rapidly so he won't be a nuisance underfoot but does not unduly discourage those Males who begin by being overly polite.

Example 1

Sonny has a good conversation with an attractive girl. He spends the rest of the evening in delicious fantasies, working himself up into passion and

courage. At 3 a.m. he calls and announces, "I love you." She, knowing an apron-stringer in her sleep, replies, "Oh, God, Jerry. At this hour?", and hangs up. He considers suicide but settles for adding another footnote to his script. (A Male, of course, would have rung back, told her she was lucky to have him interested at any hour, and hung up on her.)

Example 2

Man and woman meet at cocktail party. They continue on to dinner with other party goers. In the crowded back seat of the taxi, his hand slides slowly onto her knee. This seems too indirect for a Male, but in case he's a Bashful Male rather than a Sonny, she holds her hand out and asks, "Is this what you're looking for?" He gulps and takes it. Her judgment is good; later in the evening, he makes a straightforward proposition.

Some Females will tolerate Sonnies for brief periods, especially if they like candy, if there are no Males around, or if bait is needed. (Freddie in *My Fair Lady*). The price for this convenience is the chance that a Sonny, when told to Buzz Off, will bleed on the floor or get desperately nasty. (Don Jose in *Carmen*).

A CLINICAL NOTE

Jack A. Jurasky, M.D.
Las Vegas, Nevada

It would be good to differentiate types of strokes in order to aid in understanding and defining dynamically the nature of the biological advantages. The terms "positive" and "negative" strokes sound pallid and we could refer instead to Strokes, Slaps and Put-ons. Thus, Strokes continue to have the positive value and what we heretofore have called negative strokes are better named Slaps. A Put-on is a false or pseudostroke intended to pacify or flatter for an ulterior purpose (e.g. "In buying this used car, Joey, you show exquisite judgment," or the more classical, "Gee, You're Wonderful, Dr. Murgatroyd!").

A THOUGHT FOR SPRING

The Military Academy of St. Cyr in France splendidly taught its students to fight the battles of the last war.

Anon.

"KISS 'EM: ANTITHESIS TO "KICK ME"

Robert Zechnich, M.D.
Berkeley, California

Last year, a patient called to my attention that no antithesis is offered in the description of "Kick Me" in *Games People Play*. This brief note states the antithesis. Its efficacy has been adequately demonstrated in work with several patients.

"Kick Me" players are obligatory negative stroke collectors; i.e., they insist on getting negative strokes only, and refuse positive ones categorically. No human being can survive without strokes of some kind; hence the predictable preference for negative strokes by someone who has been prohibited from accepting positive ones, or to whom positive ones were not available. As the gynecologist said to the patient complaining of dyspareunia: "Hell, that's better than no pareunia, ain't it?".

It is clear that a simple refusal to kick the patient is not sufficient. He will simply escalate the provocations until a kick is forthcoming. *Declining to kick is a beginning,* though; it needs to be combined with two other operations.

1. *"Kiss 'em"*, meaning the group and/or therapist provide numerous positive strokes.

2. Since these patients have been programmed to ignore, "wash out", not feel, or undo positive strokes, they must be helped to begin to *accept them,* and finally enjoy them.

It is essential that some positive strokes offered the patient be *unconditional,* i.e., directly to him as a person just for being, as opposed to strokes for his productions or performance (although they may be also *conditioned* and occasioned by desirable behavior).

Practically, then, one (a) calls the game and its dynamics to the patient's attention, including the way he deals with positive strokes; (b) pays close attention to what he does with each positive stroke here and now; (c) uncovers and resolves the genetic factors which produced this state of affairs; and (d) gives Permission to accept positive stroking now (and Protection afterwards).

This is an unusual situation in that the antithesis not only stops the game, but simultaneously corrects the underlying dynamic (depressive) basis. The outcome includes a shift to a new existential position, "I'm OK".

"KICK ME" – "NIGYSOB"

Martin Groder, M.D.
Marion, Illinois

"Kick Me" – "NIGYSOB" is a family of interlocked games. The basic paradigm is for one aspect of Black (Nurturant Parent, Adult, Natural Child, Alcoholic "glow" etc.) to suggest teasingly that "it" will happen ("Santa Claus will come" "We'll have sex" "The glow will last forever") while covertly his punitive Parent and/or sadistic Child waits to kick White (NIGYSOB). Either Black's Child does not have permission to "have it" or it is an unobtainable object ("Santa Claus" "Lady Luck" "Steady glow" unfading beauty, or strength, or intellect, or power.) There is often a third party, "The Instigator" who brings White and Black together while saying "You two are made for each other". The instigator is usually playing the same game ("Alcoholic" "Gambler"). He gets his kick when White says "You got me into this."

Variants of "NIGYSOB" are taught by one or both parents (two or three handed versions) during any family activity (sex, friendship, parenting, work, etc.) The game is then transferred to the appropriate activity outside the family. Thus, the classic "Kick Me" - "Rapo" player described in *Games People Play* had a mother who played "Rapo" with him. (Conventionally described as a rejecting, subtly seductive mother).

A classic analysis of a variant of "Kick Me" called "Drop Me" follows. It was suggested by and worked out with Dr. David Roberts of West Virginia. This description has Black playing "NIGYSOB" but "Schleimel" or "ITHY" etc. would work as well.

"DROP ME"

Thesis: I want Santa Claus but all I can count on are kicks (death and taxes).

Aim: Kicks

Roles: Kicked (Madly in Love), Kicker.

Dynamics: Oedipal (Oral Sadistic)

Examples:
1. Childhood - Child teasing uninterested parent until Kicked.
2. Adulthood - (a) "Drop Me." Rush madly after "beloved" with "Don't hurt me" sign and then get dropped. (b) Institutionalized version with "B" girls.

Social Paradigm: Adult-Adult
1. White (A) - "You are my true love."
2. Black (A) - "Yes, it's fun to go out."

3. Black (A) - "It would never have worked."
4. White (A) - "Yes, I guess so, but."

Psychological Paradigm: Child-Parent

1. White (C) - "Let me make believe you are Santa Claus."
2. Black (P) - "O.K., you creep."
3. Black (P) - NIGYSOB
4. White (C) - "It hurts so good."

Moves:

1. Naive trust - pseudo-acceptance
2. Provocation - stamp collecting
3. Provocation - Trade in (NIGYSOB)
4. Pay off "It hurts so good" (I'm never going to get mine).

Advantages:

1. Internal Psychological - Repetition of failure of Oedipal strivings (reconfirmation of loss of basic trust).
2. External psychological - Avoidance of real intimacy.
3. Internal Social - "Why Does This Always Happen to Me?"
4. External Social - "Ain't It Awful" (Paranoid "Mine are better," or Depressive "Mine are worse")
5. Biological - Soft strokes, then harsh strokes (with internal warmth)
6. Existential - 1. Paranoid - "Can't trust anyone"
   2. Depressive paranoid - "Nobody likes me"

With the above paradigm in mind let us quickly scan other variants of "Drop Me" in different activity contexts.

1. Friendship - The Game is "Buddy" with the slogan, "I'll be your buddy for life."
2. Marriage - The game is a harder divorce version of "Drop Me".
3. Work - The Game is "Right Hand Man" in which a faithful follower is periodically kicked and/or fired by Santa Claus.
4. Beauty - The Game is "Body Beautiful" (B.B.) in which the inevitable decay is treated as a shock.
5. "Gambler" - Drug Addict, Alcoholic, in which the object (Lady Luck, dope, booze) lets them down hard.

This family of games is an example of how the major script game was originally taught in the various activity areas by the parents. They can all be run simultaneously in later life in these various activities. The basic form and sequence of the transactions is the same, all that varies is the context. In fact, an agile young woman can culminate all these games simultaneously by driving to Las Vegas with her boss, losing all of their money, getting drunk and then finishing it all off with a disfiguring auto accident on the way back which gives the boss the opportunity to "Drop Her".

SECOND ORDER STRUCTURE OF THE CHILD

Glen A. Holland, Ph.D.
Los Angeles, California

My impression is that there is still much to be gained from systematic exploration of the implications of the second order structure of the Child. The following thoughts were stimulated by Eric Berne's "Recent Advances in Transactional Analysis" (in *Current Psychiatric Therapies, Vol. VI.* New York: Grune & Stratton, 1966).

In the second order structure of the Child, PC (the Parent in the Child) may be identical with the *adapted* or *compliant* Child. The justification for identifying Parental influence rather than a Parental ego state is contained in the article referred to above: " . . . it (the Parent) tends to be reacted to rather than experienced, . . ." (p.116). From the same paragraph it becomes clear that the Parental influence is often exerted through an introjected image of the Parent, which may be either benevolent or malevolent. The Parent is, then, experienced objectively or as an object, rather than subjectively, that is, as the Child's "own" thoughts or feelings. The subjective experience is that of the Child who complies and is a "Good Boy" or "Good Girl."

Berne calls the Adult in the Child (AC) the "professor" and stresses its intuitive capacities and its awareness of reality. Some other interesting and valuable aspects of the Adult in the Child are not always stressed to the same extent. It is true that the Adult aspect of this component does have an amazing array of information at his disposal, including data on the material and social aspects of reality and about human sensory, emotional and cognitive responses to this reality. The creative reaction to this data is the special province of the Child aspect of the ego state, which plays with and rearranges the strictly factual aspect of the information he possesses. Artists are more concerned with the manipulation of sensory and emotional impressions, social scientists with the organization of social data, inventors and physicists with material data, etc. The more serious forms of this rearrangement are designated as art, philosophy and science, and the creative nature of the person's activity is emphasized. When the rearrangements are less serious, we speak of the person as playing, having fun, or being humorous. In humor, particularly, clever and unexpected juxtapositions of ideas are important aspects of the creative activity involved. This component of the Child, AC, would appear to have much in common with what has been called the *natural* child.

The Child in the Child (CC) is discussed by Berne in terms of the infantile aspect of the schizophrenic, who is already predominantly fixated in the Child ego state. Again, Berne may give the impression of limiting his conception more than he intends. To illustrate: the Child in the Child is probably established when the young person (particularly between 18 and 24 months of age) opposes his parents. This is manifested either as passive resistance or in more active kinds of negativism, such as hanging back, dragging his feet, struggling, saying "no," etc. The child is setting himself *against* some external influence and is, in this way, manifesting independence in its most primitive or prototypic form. If the child has matters his own way, he is reinforced in patterns of coercive or manipulative behavior. If, on the other hand, the consequences of his defiance are traumatic, the pattern of defiance may also be fixated, but in an inhibited or repressed form. From this point of view, the resurgence of defiant behavior at adolescence and, generally, as part of a person's development toward independence becomes a matter of both theoretical and practical importance.

The hostile or negativistic aspects of behavior have usually been identified with the expressive Child. But the expression of emotions is a basic function of the Child, which he shares with lower species. This serves to distinguish it from the creative aspects of the child, in which human beings are distinctively pre-eminent. If creativeness is a function of the Adult in the Child (AC), then expressiveness would be associated with the Child in the Child (CC).

The Child has traditionally been described in TA as having its adapted and natural aspects. It may be time to replace these designations with the more rigorous definitions suggested by the second order structure of the Child, in which the adapted Child is identified as the Parent in the Child, the creative Child as the Adult in the Child, and the expressive Child as the Child in the Child.

A further economy in theory can be realized if it is true that the second order structure of the child (and of P and A as well) includes most or all of the implications of determinants and programming. PC fulfills the definition of an externally programmed Child, AC of a probability programmed Child, and CC of an internally programmed Child. The principal advantage of recognizing such a coincidence is that of maintaining a simpler and clearer frame of reference for the student and therapist.

*

Seventh Annual Summer Conference of the ITAA
August 22 – 24, 1969
Mark Thomas Inn – Monterey, California

A TEENAGE MARATHON PLAN

Richard Chartier, B.D. Platteville, Wisconsin

A group of 35 teenagers who meet weekly as a youth group participated in a TA Teenage Marathon. We rented a very small cabin and did our own cooking for three nights and two days. The cabin was so small that one kid had to sleep in the toilet! This group has been learning TA for six months.

The first evening, after a review of TA theory, a small group was formed, and met for two hours. Those who did not participate danced and generally let "their Child out." Subsequently, I met with the whole group at all times, and did no separate small groups. All the formal sessions were interspersed with strenuous soccer games, dancing and "goofing off." All slept in their clothes in sleeping bags.

On the first day in the morning, the group was introduced to the "four positions." The conversation was animated as people began to discover their positions, the dominant ones being "I'm OK, you're not OK" – Parental, and "I'm not OK, you're OK" – Child. Then the group spent three hours in permission and trust exercises. Example: "exploring another's face," "free falling in a circle," and a Blind Walk with another person. The Blind Walk turned everyone on. The second night, the conversation and therapy centered around witch messages, brown stamps and a few familiar teenage games like "Kick Me" and "NIGYSOB" and "Ain't It Awful." Late that night, we saw a movie called "The Game" – about a guy who allows his friends to convince him that he should "make" a certain girl. The group then talked about the movie in terms of position, ego states and games. The evening ended with most people being "rocked" in a trust exercise.

The second day turned most everyone on. Script was introduced by using the TA script questions such as "When do you expect to die?" One girl whose father died in a tragic "corn picker accident" at 38, discovered why she believed she would die at 38 in a tragic accident. Later in the day, the group watched the evening news and analyzed the news in terms of ego states, position, script and games. This was an attempt to show the wider use of TA.

As for the results, the participants left feeling better about themselves and others in the group. Some went home and had long and in some cases, rare conversations with their parents about scripts and related matters. Most of them now have a strong sense of being a "group." A lot more of the "I'm OK – You're OK" position is evidenced. My experience is that teenagers are very quick at picking up their own games, and find TA very exciting. Some parents report that their teens, after this and a subsequent marathon, are happier and much more fun around the house. There is a great deal of evidence that many of the kids are using TA in their daily lives.

STRUCTURAL ANALYSIS OF GHETTO EDUCATIONAL FAILURE AND LATE SUCCESS

Jerome D. White, Ph.D. and Terri White
Chicago, Illinois

The educational failure (in junior college) of the ghetto individual can be understood in terms of TA structural analysis.

In the case of the "normal" individual, the threat of poor grades brings on a Parental message to stop playing and get going and the result is appropriate Adult studying. The pressured middle class message is often excessive and the Adult is overactive (or the Child is depressed). In the ghetto individual, the Parental message is weak, and consequently, Adult wheels do not spin. Educational failure is accepted with little guilt and without appropriate counter measures by the Adult.

In a study in the Chicago City College system, analysis of the tapes of TA therapy groups has indicated a significant difference between 18 year old freshmen (65% drop out in the first semester) and the older student (ex-G.I.'s, returning married women, late bloomers, etc.). The latter group talks of sacrifice, persistence, and the need for status, whereas the former is confused as to just what they really want (money and fun seem very important).

As the ghetto individual matures, his Adult grows by experiences in which he has an active role, and he incorporates know-how into his Adult. He also adds models from his experiences to his Parent. His reality testing indicates the ways to get ahead educationally, namely, studying, participating in class discussions, and preparing in advance for assignments. The strengthened parental message to the Child now resembles the "normal" configuration. This has been confirmed by observation of five cases who are in TA groups.

THE ENCOUNTERER

Franklin Ernst, under the auspices of the Golden Gate Foundation for Group Treatment, is putting out a one-page leaflet at monthly intervals or less, entitled "The Encounterer." This gives brief and instructive excerpts from therapy groups, together with hints for decisive interventions in various situations. The material it contains is concise and cogent, and "The Encounterer," despite its compression, is a worthwhile addition to the literature of transactional analysis. Subscriptions are $2.50 per year and should be sent to P.O. Box 1141, Vallejo, California 94590.

EGO STATES AND NON-VERBAL BEHAVIOR

John F. Twomey, Ed.D. Carbondale, Illinois

Both Freud and Darwin were concerned with non-verbal behavior and emotional states. Freud wrote: "He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent, he chatters with his fingertips; betrayal oozes out of him at every pore." Darwin's book on emotional expression is a classic.

Recent investigations by Tomkins, Ekman and Izard have empirically identified primary emotional states as well as a technique for analyzing them. Izard states that these innate emotions provide everyone with a set of common experiential-motivational frames for communicating, understanding and transacting:

1. INTEREST-EXCITEMENT: Concentrating, attending, curious
2. ENJOYMENT-JOY: Glad, merry, delighted, joyful
3. SURPRISE-STARTLE: Sudden reaction to something unexpected, astonished
4. DISTRESS-ANGUISH: Sad, unhappy, miserable, feels like crying
5. DISGUST-CONTEMPT: Sneering, scornful, disdainful, revulsion
6. ANGER-RAGE: Angry, hostile, furious, enraged
7. SHAME-HUMILIATION: Shy, embarrased, ashamed, guilty
8. FEAR-TERROR: Scared, afraid, terrified, panicked

The first term represents the emotion at a low intensity; the second, a high level of intensity. These fundamental emotions are parallel to the TA concept of the Natural Child ego state.

In the practice of TA one may observe both large Parental displays of affection and accompanying body movement. Oftentimes the Parent is in control of the upper body as the patient is transacting, while the Child is kicking away with his feet at the bottom. The hands and other parts of the body often hold "secrets" for the Child, while the Parent is in the executive.

Mirabelle, for example, an inpatient at a state hospital, often sat with a stern frown, complaining bitterly, "Ain't it awful, they won't let me go home." At the same time she sat with her legs spread while her feet were flittering back and forth. When her Adult was confronted with her conflicting behavior she was able to recognize this incongruity and progressed considerably in her treatment.

As was discovered with Mirabelle, her non-verbal behavior was the key to opening the door to Adult functioning. Recognition of the Child kicking was more important than the "Ain't It Awful" which was previously controlling the situation. Flitting facial expressions give the cue as to the meaning of the relationship of the patient to the clinician. The specific emotion is often ascertained by the facial expression and the intensity of the emotion by the body position.

*

NEWS FROM BRANCHES

LOS ANGELES

William Collins is presenting transactional analysis at a University of California extension course in Riverside: "Techniques of Group Counselling." Glen Holland reports that 62 people attended the first meeting of his UCLA extension class on "Taking Games People Play Seriously," although enrollment is usually limited to 25 persons. He is forming a second section to accommodate the overflow, and some students are being referred to LATAS.

SACRAMENTO

Sacramento has many different courses including a U.C. extension course at Davis, and one for 26 volunteers of the Junior League of Sacramento, comprising ten two-hour sessions. Their publication, called "The Center Circle," can be obtained from the Institute for Transactional Analysis, 350 University Avenue, Sacramento, California 95825. The SACTA Spring Conference was held at Lake Tahoe Hotel on April 25 and 26. Thomas Harris' book "I'm OK – You're OK: A Practical Guide to Transactional Analysis," was published by Harper and Row on April 23, and will be available through Transactional Pubs.

SOUTHERN ILLINOIS SEMINAR

John Twomey taught a graduate course in transactional analysis at Southern Illinois University. Eighteen students, masters and doctoral candidates, completed the course requirements. Martin Groder, Tom Keohane and John Twomey conducted a two day workshop in transactional analysis for Federal correctional personnel at the U.S. Penitentiary in Marion, Illinois. John Twomey and Stan Brodsky have completed their analysis of a disclosure inventory which utilized TA game theory and social relationships with disabled populations. Martin Groder has organized and initiated a therapeutic community with hardcore prisoners and is conducting staff training encounter groups at the Anna State Hospital.

DUBUQUE, IOWA

Richard E. Chartier, of the First Congregational Church in Platteville, Wisconsin, is using transactional analysis with University students, teenagers and adults, and is particularly enthusiastic about using it with couples preparing for marriage. (See his article on page 39).

FORT MEADE, SOUTH DAKOTA

Harland T. Hermann presented a paper to the Midwest Shrine Association in St. Paul on February 7, using a transactional group dynamics approach to Masonic relations. Dr. Hermann reports that the Study Group at the Fort Meade V.A. Hospital is quite active. TA is being utilized in the group therapy program in the Alcoholism Treatment Section and in a couples group in a psychiatric unit. Also, TA is being taught to staff nurses and nurse-aides.

SAN FRANCISCO

San Francisco is at present engaged in investigating the relationship between psychoanalysis and transactional analysis. This has been going on for several weeks following the presentation of a paper by Warren Cheney concerning the treatment of a male hysteric. Eric Berne was invited to talk about transactional analysis at an extension course for social workers of The San Francisco Psychoanalytic Institute, and was able to use the ideas from the SAFTAS discussion to good advantage.

CHICAGO

In recent weeks the Chicago Seminar has heard presentations on the nature of the mechanism that produces failure and dropouts in junior college freshmen attending Chicago schools. A "Permission Workshop" to be given by Ursula Steiner is planned for late April.

TA IN ZURICH

Ray Poindexter presented a paper called "Games Prevent Social Progress," at the Symposium on "The Inhibiting Structure of Present-Day Industrial Society" for the Green Meadow Foundation at the Gottlieb Duttweiler Institute in Zurich, Switzerland on March 7, 1969. Among the others who presented were Viktor Frankel, E. de Bono, Vance Packard, C.N. Parkinson, and Betty Friedan. This is TA's second venture in Europe, the first being our appearance in Vienna at the Fourth International Congress of Group Therapy.

EDUCATIONAL ACTIVITES

TA AT THE APA

The ITAA will present a panel on "Character Types and Games They Play" at the Annual Meeting of the American Psychiatric Association in Bal Harbor, Florida, on the evening of Tuesday, May 6, 1969. This will deal with the development of psychoanalytic character types and their choices of games. We are fortunate in having two psychiatric pediatricians who are trained in transactional analysis as well as in psychoanalytic theory, to deal with the early years of life. They are Sydney Mannel and Robert Zechnich. Other panel members will be John Dusay and Claude Steiner, with Eric Berne as Chairman. Others of our members who are attending will no doubt contribute to the discussion. Following the panel, as usual at such meetings, our Hospitality Room will be opened in the afternoon and there will be a celebration after the panel meeting.

The character types referred to are the classical psychoanalytic ones as described by Karl Abraham in his *Selected Papers* (Hogarth Press, London, 1948), chapters 23, 24 & 25: the anal, oral, and genital character formations, which have been further elaborated by Erik Erikson in *Childhood and Society* (W.W. Norton & Company, New York, revised edition, 1964). Those wishing to take part in the discussion should be familiar with these works. Abraham's papers have also been published by Basic Books, and in a paperback edition by W.W. Norton.

TA AT LAKE TAHOE

Eric Berne and 10 or 12 Senior Members of the International Transactional Analysis Association will present a Clinical Seminar on Transactional Analysis under the auspices of the Tahoe Institute from May 23 to May 25, 1969. There will be general lecture sessions and small group discussions and demonstrations.

According to the Tahoe Institute, which is responsible for all the arrangements, participants and their families will receive special room rates at the Sands Motel, South Lake Tahoe: $12.60 single, $14.70 double, and $2.00 each additional person, meals not included. The Seminar fee is $40, or $50 for those who wish to attend for college credit (Tahoe College Behavioral Science 363, one Semester Unit). The course is primarily designed for people who are going to use TA in their professional work. In spite of the bucolic and philosophical surroundings of the Tahoe Institute, this will be a hard knowledge course, and not an "interesting experience."

For information and enrollment, do not write to the ITAA, but write directly to the Tahoe Institute, Box 796, S. Lake Tahoe, California 95705.

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists psychologists, psychiatric nurses and social workers, correctional officers, social scientists and clergymen. The teaching is primarily oriented toward group therapy, social dynamics, and personality theory based on transactional analysis. The Association is now in its eleventh year, and is self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Study Groups are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible. Qualified people can become Associate Members of the ITAA by filling out the blank below. They may become Regular Members after taking a complete Introductory Course or its equivalent, and may apply for Clinical or Special Membership after their training meets the standards of the Membership Committee.

All classes of membership include: (1) Subscription to the Bulletin (2) Entree to Seminars and Study Groups when traveling (3) Hospitality of the temporary ITAA headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences (5) Listing in the Annual Geographical List of Members.

Those desiring Associate Membership (or Regular Membership if eligible) may fill in the coupon below and enclose the membership fee. Subscriptions to the Bulletin are available to institutions and libraries at $5.00 per year and to individual professional workers at $10.00 per year.

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TRANSACTIONAL ANALYSIS BULLETIN
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contents

april 1969 volume 8 number 30

Therapeutic Contracts in Group Treatment
C. Steiner and W. Cassidy 29

TA with Juvenile Delinquents *L.M. Johnson* 31

The Apron String Job *J. Fagan* 32

A Clinical Note *J.A. Jurasky* 33

"Kiss 'em": Antithesis to "Kick Me" *R. Zechnich* . . . 34

"Kick Me" – "NIGYSOB" *M. Groder.* 35

Second Order Structure of the Child *G.A. Holland* . . . 37

A Teenage Marathon Plan *R. Chartier* 39

Structural Analysis of Ghetto Education
J.D. White and T. White 40

Ego States and Non-Verbal Behavior *J. F. Twomey* . . . 41

News from Branches 42

TA at the APA and at Lake Tahoe 44

TRANSACTIONAL ANALYSIS BULLETIN

Published by the International Transactional Analysis Association Carmel, California

july, 1969 *volume 8* *number 31*

REPARENTING IN SCHIZOPHRENIA

GUEST EDITOR: JACQUI SCHIFF, M.S.S.W.
Fredericksburg, Virginia

INTRODUCTION

Eric Berne, M.D.

The psychological treatment of schizophrenia according to scientific principles began either with Breuer in 1880 (Anna O.), with Freud in 1909 (the Rat Man), or with Freud in 1918 (the Wolf Man), depending on how "schizophrenia" and "scientific" are defined. The first clear statement of how to go about it, however, was Federn's paper of 1934 on the Analysis of Psychotics, later elaborated in a presentation at the New York Psychoanalytic Institute in 1941. This was followed by three papers on technique in 1943, the first characteristically entitled "Errors and How to Avoid Them." I believe it was with some encouragement from Federn that John Rosen then published his first paper on Direct Analysis in 1946. Other developments from 1937 on have been summarized by Bellak in his periodic synopses of the literature. As "therapeutic personalities" in this field, perhaps Fromm-Reichmann and Sullivan are the best known.

Freud said that for all conditions other than the transference neuroses, psychoanalysis was more or less unsuitable, and I, being a good Freudian, besides having tried it for other conditions, take his word for it. Hence transactional analysis, which is designed for "other conditions" and has shown some effectiveness in this respect. One of the other conditions is schizophrenia. From the beginning, it became clear that merely having a "sorting system" was of decisive benefit to schizophrenics. Instead of feeling that their minds were "a mess," they could sort their thoughts, feelings, perceptions and behavior into well-defined and easily understood Parent, Adult, and Child compartments. The analysis of transactions then showed them how to manage these compartments, leading them away from paranoia toward a grateful feeling of autonomous self-government.

Game analysis then demonstrated to their satisfaction the origin of other people's responses to them, further diminishing paranoia and leading beyond self-control to social control. Finally, script analysis revealed to them the early parental influences which determined their choice of a morbid crippled career. If they were able to free themselves from those influences, they could then become completely self-sustaining.

There was, however one element still missing, which qualified their successes and perpetuated a feeling of instability, so that medication in many cases was still necessary. This was the early (oral if you like) feeding,

caressing, stroking, gurgling–all the elements which in Spitz's study were necessary for survival and certainly for healthy growth, as was later demonstrated in principle in controlled studies with rats and other mammals and whose long range effects were studied in detail by the Harlows in monkeys. This missing dimension was from the beginning an integral part of transactional theory, known colloquially through such terms as stroking, the feeling of Okayness, time-structuring, the spinal cord shrivelling up, etc. But how to supply it, and who would dare? Sechahaye went to considerable lengths through Symbolic Realization, but not far enough. Something more direct than symbols was needed. Morris and Jacqui Schiff took the final step -- reparenting, which had been tried before, although not under that name, in isolated cases and with some timorousness. What was needed was boldness, theoretical clarity, and devotion, and they had all three.

The contract was to cure schizophrenia, and it worked. It transformed schizophrenics from sick people doomed perhaps to lifetime hospitalization, into well people with individual idiosyncrasies and personalities, and perhaps even some residual disabilities, but well people. Whether this has any bearing on the problem of "process schizophrenia" as a disease due to a chemical imbalance or an enzymatic deficiency, remains to be seen. At any rate, the reparenting program has worked so well that the Schiffs are now flooded with applications, and in order to continue must train people with the proper qualifications to carry on their work. Not everyone can do it, since it requires as a minimum the three qualities mentioned above -- boldness, clarity, and devotion. They have been written up in the New York Times and in a pharmaceutical organ, the SK & F Psychiatric Reporter, and they have been on television with their cured "children" and a new patient. (One of the most fascinating aspects of the television program was to see a real "child psychiatrist" in action: a nine year old boy fearlessly confronting a confused, aggressive adult schizophrenic.)

We are privileged here to present the first publication in a scientific journal of the Schiffs' method and its results: an article by Jacqui Schiff explaining how it works, and some autobiographies written by cured patients, so that the reader can evaluate for himself what happened and what the outcome is. The fact that the patients would write autobiographies at her request is in itself significant. In his pioneering effort, Federn also had a schizophrenic patient living in his house in the early years of this century. He told me the outcome as follows: One day, long after the patient was "cured," and had left his house, and he had lost track of her, he ran into her walking in the park. She cut him dead, and walked by without a word. His explanation was that to recognize him would be to revive the whole period of her unhappiness in her mind, and even risk a relapse, and on this basis he understood her and forgave her. In the Schiffs' case, however, we see how the well

patients objectively and without fear contemplate their previous condition, and maintain a positive relationship with their therapist.

It is particularly gratifying to greet Mrs. Schiff as a sound transactional analyst, not given to long words. She was asked on the television program: "What is the chief criticism of your work from other professionals?" "That we encourage dependency." "And what is your answer?" "The patients get better."

REPARENTING SCHIZOPHRENICS

J. L. Schiff, M.S.S.W.

Introduction

This method of treatment was developed by Morris and Jacqui Schiff, both psychiatric social workers, through attempting to respond to the needs of schizophrenic patients. The patients participated in a very active and enthusiastic way in planning and criticizing methods, and the Washington D.C. Transactional Analysis Seminar provided much assistance and support.

Treatment Situation

The Family

In December, 1966, the Schiff family consisted of Moe, Jacqui, and their three boys, ages 7, 9, and 11. Two young adult schizophrenic patients, both regressed and acutely disturbed, were adopted into the family with a tentative plan of supporting the regression within a family structure. The improvement in the first two patients was dramatic, and within a few months there were many requests for this method to be attempted with other patients. Altogether, the family has served a total of 35 patients, including the 16 presently at home.

The family lives on three acres in an upper middle class housing development in Fredericksburg, Va. (population 15,000). The town knows about the family and the patient-children interact with the community as often as seems feasible. Agencies and organizations within the area have been very supportive of the program. Criticism has come from individuals who are distressed at the possibility of acutely disturbed psychotics being at large in the community.

The large six-bedroom house is not distinguishable from other homes in the area. Help consists of a cook and a young man who is "in charge" when the parents are away. Moe Schiff maintains a full time practice in Fredericksburg and Mrs. Schiff practices in the District of Columbia two days weekly. Children go to school or work if this is possible. Those children remaining at

home during the day are expected to assist in housekeeping and yard work, and the older children (regressed age) are expected to care for those who are younger.

A commitment is made to each child that he will not be rejected and he will be coped with. Newcomers are asked to give up relationships with their previous families and to invest in forming new primary relationships. Experience indicates that even the most severely disturbed schizophrenic patient can understand and make this contract.

Two other families are successfully reparenting schizophrenics utilizing this technique. Rev. and Mrs. Thomas Faulkner of Fredericksburg have taken one schizophrenic child, and Mr. and Mrs. John Christy have started a family similar to the Schiff family and presently have four young people. The Psychiatric Rehabilitation Project was incorporated in 1968 as a non-profit organization to open and support small units utilizing this method.

Natural Parents

The natural parents, if involved with the patient, are asked to give the youngster to the new family. It has been demonstrated that permission to accept new parents and get well in the family environment is essential in some cases. It is explained to the family that they are relinquishing the patient just as if he were chronologically a much younger child and was being given up for adoption; they are told that in most instances the patients, when well, do not re-establish themselves in the natural family. They are asked to explain to the patient that they are giving him up permanently and to indicate clearly that the Schiffs are now his parents. Thus far, all parents asked to do this have been able to follow through on the request; it seems possible that this is indicative of a lack of depth and meaning in the relationships in the natural family structure of schizophrenic patients.

As much history as possible is obtained relative to the disturbances in the natural family. The following questions are evaluated in obtaining the history.

1. Which parent gave the child the primary script?
2. Is there any reason that the other parent was not available for script purposes?
3. How did the parents tell the child he was not-okay?
4. How was it communicated that the needs of parents took precedence over the needs of the children in the family?
5. How were the parents inadequate in coping with the world?
6. How were they inadequate in discipline?
7. Why is the patient afraid of the father?

Since the natural parents will probably not be reliable sources of infor-

mation about themselves or the patient, most of the above history must be obtained in clinical evaluation. It is therefore useful that the therapist see the patient and his family two or three times prior to joining the family, or that the evaluation of the above questions be done by the referring agency.

Reparenting

The infant comes into the family. He is not a healthy, happy child. When he was younger he suffered a great deal, and although he is struggling to escape that experience, voices from the past telling him he is wrong and bad are always there. Sick feelings of anger and fear overwhelm him, confirming his badness and cautioning him against trusting or hoping for help. There are strange and confusing sensations and needs; they are physical and compelling, and they urge him to engage in unacceptable behaviors. There is deep and angry confusion which becomes worse whenever there is a need for thinking.

The child has a mother. She understands the strange sensations and responds to the physical needs. She strokes him and rocks him, feeds and bathes him. When she is gone he feels dead or "not alive"; when she is there he can sometimes escape the sickness and feel whole and comfortable.

She tells him important things:

"You are a boy—a beautiful boy."
"You are not bad. You're a good boy."
"Forget all those ugly things. You're my child now. Forget everything but what I tell you."
"I love you."

The messages are simple because a baby doesn't understand much. But he knows that the messages are right and that his needs are being met. He knows that he can give up the crazy voice from the past for a real mother. He experiences some conflict because the crazy voice escalates the demands and threats and bad messages, but he does not intend to relinquish the real mother for that message.

Nor for anything else. She is the most important thing in the entire world. Nothing must be allowed to threaten his relationship with her. He is a big baby and perhaps very bright for an infant, but he will be unable to cathect his Adult around matters pertaining to his need for mothering: the urgency of that need must not be underestimated; he could kill anyone presenting a threat of separation or questioning his right to have his needs met.

The mother cares for the child. He must be fed and kept clean. He must not be allowed to hurt himself or be hurt. He may not hurt others. She must

know that she can care for him and that his need for her is her protection. *"I'm not afraid of you. You need me too much to hurt me."* is what she says when he threatens her, and she does not go away. *"I will take care of you."* She feeds him by force if necessary, she makes him mind her. Sometimes she needs help to take care of him, but she is always there and in charge. *"Children who get taken care of, whose problems can be solved, and who are sure they are loved, grow up to be healthy."*

There is a father. Fathers are bigger and stronger and louder than mothers. Somewhere, down deep, the baby is very afraid of the father, but in the beginning that doesn't matter so much. The father takes care of things when the mother is gone; he does some of the same things she does, and perhaps he plays more.

The child first becomes aware of him in his relationship with the mother. He makes demands on her which sometimes take precedence over those made by the child. He gets into fights with her and says and does things which would not be allowed anyone else. He protects the mother from her strange, oversized infant, and has the power to do things and make decisions about the child. And he has a sexual relationship with her which is strange and overwhelming. *"She is your mother and my wife," he says to the child. "You may not act as though she is your wife."*

He becomes meaningful in other ways. He goes out in the world and he tells the child about the kind of place it is and the things people do there. The son watches his father, measures his successes and failures, and finds out how to solve problems.

The father tells his children what to do and how to do it. There are so many things to learn—to use tools and drive cars and talk to policemen and handle money, and these can properly come only from the father.

The most important thing a father does is share his own masculinity with his sons. He tells them what is expected of men and what kind of men they must be, and they know that they can use this information to approach the world with confidence in their adequacy and integrity.

When the child is older he must be disciplined. He doesn't know that he's bigger than his parents; he is very afraid of their disapproval. Even if he acts tough, he will give in to get strokes from her. Prohibitions should be firm and concise. *"Stop that!" "You are not to hit people!" "It's wrong to tell lies."* The child must be punished if he resists incorporating important messages. It is all right to slap or spank a child, but the problem must be resolved and the child stroked again before he is left. He must not be made to

feel guilty. *"When you do something bad, I'll punish you to make you stop doing it. You don't need to punish yourself."*

The child has a past and sometimes he is guilty about that past. *"You were not responsible for bad behaviors before you had incorporated a value system which prohibited them."* He lives in a world which demands conformity to expectations which are in conflict with his needs. *"The world is all right. You have to grow up and learn to live in it."*

Always, every day, *"You are wonderful–beautiful–you'll grow up to be a fine man and have a happy life."*

Parents

The parents utilizing this technique must be married to one another; the family structure must be real and permanent. They need to know a great deal about children at all ages and stages, but especially young children. It would seem advisable that they be mature people who have successfully reared natural children to adolescence.

Much of the process requires that the parents engage in intimate physical contact with the schizophrenic children–that they touch and be touched, that they be comfortable with the look and feel and function of their own bodies and those of their children. They must be able to face, frankly and comfortably, their own sexuality and that of their overdeveloped young. They must be able to deal with toileting and spitting and blood and vomiting without shock or revulsion.

Parents teach their children values, and this is urgently important to the structure-hungry schizophrenic. The parents must have well-established values of their own and confidence in their right to communicate these values in the form of expectations. *"I am a Jew. I want my children to be Jewish and to marry Jews." "You are not to whine. I can't stand whining and you had better not do it again!" "Homosexuality is wrong. It's unnatural and the people who engage in it are unhappy and ashamed."* While the parenting need not be inflexible, it must be firm and consistent, cover all important questions of moral and ethical behavior, and the parents must be agreed on major issues.

Schizophrenics invariably have confusion around sexual roles; the parents must have well-defined sexual identities in relation to the family. (For example, the mother is responsible for feeding, toilet training, household operation, etc. The father manages money, plans outside work, maintains discipline. The parents relate to one another and support one another around their own needs and share in meeting the needs of the children.)

The Environment

Children grow up to be healthy if they live in a healthy environment. Consequently, the family is structured with minimal adaptations to pathology. Professional visitors are always amazed at the lack of "crazy behavior," "flat affect," and "withdrawal." Crazy behavior (different from regressed behavior) is not permitted and children learn quickly what they can and cannot get away with. Inappropriate behavior is punished. Flat affect results from stroke-hunger and disappears quickly when touch stroking is available. Withdrawal serves two functions: it is a defense against regressive needs which no one will meet and is often in conformity to script (frequently derived from hospital experiences with seclusion utilized to control inappropriate behavior). All of these problems can be corrected within days.

Children are taught that home is a place to share and love and trust and work and play. Problems get solved. Feelings are expressed and dealt with. Members of the family are expected to be honest and open with one another. At any time someone may ask, *"What are you thinking?"* and expect a straight answer. There are no secrets; everyone shares responsibility for knowing and caring about what goes on with others.

There is intensity and drama. Every day important, meaningful things happen to people. Children are getting well. Guests say they can feel the impact of undefended feelings when they step in the house. Intimacy is an important household expectation and it is difficult for anyone to resist that expectation.

There is no loss of structure for the child who gets well. As he grows, he deals successfully with more expectations and has more privileges. Someday he decides he is grown up and ready to leave home. Then he becomes a "big kid." He is still welcome for weekends and holidays. He comes to the family group. He still has obligations to the family and the family continues to be committed to him. Grown up children are a source of enormous gratification to parents and of great help to younger siblings. The child who is ready to leave home can try the world out while living with or near brothers and sisters who will offer support and structure. If he gets into trouble, he can go home.

Schizophrenia

General Remarks

Relative to this treatment, schizophrenia is described as a mental disturbance which results from specific kinds of faulty parenting. The faulty parenting is believed to have occurred in the developmental sequence, while the child was incorporating a Parent ego state, causing misperceptions. The

schizophrenic patient tries to structure his thinking and feelings around these misperceptions. When stresses make this too difficult, an acute episode, involving a regression, occurs.

Ego States

The Parent of the schizophrenic patient is crazy. At the time it was incorporated it was perceived by the Child and the Adult to have specific characteristics which are threatening to the Child. The Parent does not provide the Child with adequate nurturing and protection, although these may be given in exchange for specific kinds of conformity, and it consistently describes the Natural Child as not-okay. The Child is controlled primarily through threats that the rest of the world is not-okay also, and the Parent describes specific threats which only it can understand, bartering protection for conformity to irrational expectations.

The Adult is misinformed in that specific information was misperceived or misunderstood at an early age, and no correction was made. Generally the misinformation was provided either directly or indirectly by the Parent and frequently no correction was made because of Parental prohibitions against further information being considered (for example, re religion or sex) or because the event precipitating the experience was not otherwise experienced (for example, the little boy who was spanked only by a sadistic and sexually deviant father).

The Natural Child is the biological child and must be cathected in order to motivate a commitment to getting well. This Natural Child is sick, feeling alternately frightened and angry; he knows he is sick and can be persuaded to seek a resolution if one is offered. This ego state must be cathected and stroked as often as possible, expecially in the early period of the regression. It is most likely to respond to P⟶C touch stroking, in spite of prohibitions against acceptance of such strokes. Throughout treatment this ego state must be supported in cathecting a great deal, and can provide invaluable information as to how specific problems can be resolved. The state of the Natural Child is the best indication of the effectiveness of treatment.

Example: An adolescent boy with a severe asthma attack is trying to work through the disturbance. When asked A⟶A what he is upset about, he chokes, *"I can't think."* When asked P⟶NC, he says, *"Dad needs to get mad at me and tell me I can't be Mom's baby any more!"* As soon as the father attends to this, there is a marked improvement in breathing.

Caution: The Natural Child may sometimes suggest the pathological resolution to a problem which was utilized when the problem was first encountered. The therapist guards against this by checking things out with his own

Parent *("That doesn't seem right to me–I wouldn't want to do that!")* and urges the Natural Child to find another resolution.

The Natural Child is frequently encouraged to believe in his capacity to solve problems, program the Adult (and the therapist) and needs to be reassured that problems can be resolved. It is important to remember that this is a Child ego state, requiring stroking at regular intervals, with little capacity for delaying gratification, an unstable memory, a short attention span, and poor frustration tolerance. Moreover, it is a sick child and likely to be fearful, unhappy, and easily hurt or threatened. Negative strokes for being sick are to be avoided, although they can be accepted for specific "misbehaving". Example: *"I'm sorry you are feeling so unhappy; I know you're frightened; however, it is wrong to call people 'niggers' and you will get into trouble for that."*

Pathology is maintained because the Parent has convinced the Natural Child that he is not all right, and the world is a threatening place. This attitude is maintained, or partially maintained in the Child long after the crazy Parent is gone. Often the Child does not remember where he got this information (although this can always be worked out in time), but acts on it spontaneously as situations occur. It takes a lot of stroking and much corrective experience before these beliefs are changed. The Child must be corrected separately from the Adult; otherwise a sudden cathexis to Child at a time of stress or crisis, leaves pathology exposed. A frequent practice of checking out ego states by having the patient cathect them one by one in the treatment situation is useful.

The Adapted Child is the ego state which is attempting to adapt to the parental demands. In the schizophrenic patient there is always a conforming Adapted Child which tries to accomodate to expectations. This ego state is generally cathected by the Natural Child, who tries thus to obtain stroking or to protect himself from negative strokes (rejection, castration, or other punishment). As the patient gets more sick, this ego state is utilized to act out pathologically by the angry Natural Child, who controls cathexis, but the sick acts are always prescribed by the Parent and carried to extremes by the Child.

Examples: A small boy, age 3, frequently bit his sister. His father said, "If you have to hurt somebody, try hurting yourself first." The boy gnawed his fingers until they were raw, and became suicidal. A girl whose mother frequently said things like, "I get so frustrated I could just scream!" began screaming in church, school, and at social events.

Almost always the schizophrenic patient has been programmed by his parents to withdraw. For example: "If you can't say something pleasant, be quiet."

Other Adapted Childs develop in the following way: the Natural Child, in an attempt to escape the crazy Parent, fantasizes another Parent. This may be God, a therapist, a clergyman, or any available parent figure. A new Adapted Child is then developed, based on the fantasy. In some instances these secondary Child ego states may become very well developed, the classical split-personality. The Adapted Child ego states can be described by the Natural Child, but are not known to the Adult or to one another. They should be identified by the therapist because the Adult has little or no awareness of their behavior, and should be suspected whenever there are memory lapses.

The P ⟶ C dialogue in a schizophrenic patient who is acutely upset may be enacted between the Parent and several Child ego states cathecting in quick succession, and a therapist who is alert to and very familiar with the patient's history is usually able to discern these various Adapted Childs. It is important to be certain that in incorporating the new Parent both the Adult and the Natural Child are fully informed about events in order to forestall the creation of a new distorted Adapted Child in the reparenting process. This could interfere with the flowering of the Natural Child.

In getting the patient to give up Adapted Child ego states, his responsibility for cathecting and his ability to control cathexis is reinforced. Most patients tend to protect themselves from giving up these ego states, which are often perceived as more functional than the Natural Child and are used to solve problems. *Example: "But she is brave and I am such a coward!"* Answer: *"You created her and she is part of you, so you can learn to be brave too."*

In a reparenting relationship, the investment in the new parent can also be utilized to confront and block cathexis. *Example: "When you act like that you are not acting like my child."*

Different Kinds of Schizophrenia

We are finding certain factors and methods particularly applicable to different kinds of schizophrenia.

Paranoia is characterized by a Child who is specifically frightened of mutilation and castration, and of immobilization. The Child sees himself as a coward, believing that he would feel no natural inclination to protect himself from castration. He describes himself, in a potentially castrating situation, as "turning to jelly," "doing nothing," "too scared to move." Typical behavior is for the Child to attempt to bypass fear by experiencing cathexis to an Adapted Child with pathological anger in preference to the fear. As the anger is motivated with no Adult (typical with AC ego states) and no assessment of the danger (because of excluding the fear) it is usually inappropriate to the precipitating event.

An attempt to confront the castration fear too early in treatment may precipitate a catatonic state (the immobilization the patient describes). It should ordinarily not be attempted until some time after the regression is completed and the patient is demonstrating healthy self-protective mechanisms.

It seems most effective to confront the fear in a direct way, and the patient can usually program the confrontation in a fantasy. *Example:* The patient is strapped, naked, in a chair. He is approached by the parent from whom he fears castration (it may be either); the parent is carrying a knife in a threatening manner. The patient is encouraged to experience the full impact of his fear. He is then assisted, if necessary, to utilize his fright to energize a healthy self-protective response. The goal of this is not to reassure the patient that he will not be castrated; rather, it is to demonstrate his protest and unwillingness to submit to castration or sexual mutilation.

Catatonics are dynamically like paranoids, excepting that they have regressed to an unborn state and are waiting to get born again. A sensitive therapist, especially if he knows what precipitated the regression, can offer the patient reassurance about the frightening world, and then act out the birth of the infant. This must include a sensation of falling, the Child getting spanked and crying, being welcomed into the world by a nurturing mother, who then feeds the infant. Usually this will be followed by sleep.

It is necessary to point out that the effectiveness of getting the catatonic patient reborn is dependent upon the availability of a nurturing mother on a long-term basis.

We have had only two hebephrenics; however the dynamics of the pathology are consistent with these two.

The underlying problem is anger, which is homicidal. The patients experience the anger as always present and utilize a defense of elevating their moods in an effort to avoid acting out the feelings. Consequently, they are always "high" or "more high" (to the detriment of the Adult). There are two Adapted Childs. In one the dynamics are like those of a paranoid in bypassing the fears and reacting with anger. The other is "good and sweet." The Child does not have permission to be angry, and believes anger can only be expressed as craziness. Cathexis of the angry Adapted Child is usually preceded by marked elevation of mood, delusional thinking and fantasizing, and mental confusion. However, this is all likely to be masked by the good and sweet Adapted Child, which is engaging in being vigorously good and sweet, or silly, and the other indications that something is about to happen are likely to pass unnoticed.

The angry episodes are convulsive in appearance and there is danger to others. After the episode the patient should be made to talk about his anger, and for a short time he will be able to do so. The patient can be held responsible for cathexis of the Adapted Childs, but must be provided with appropriate outlets for expressing anger so the homicidal probility does not build up. There are times, early in treatment, when the patient will need to act out the anger in a physically violent manner, but he can program these instances so that it can be done under controlled circumstances. Usually such an episode is worked out in a group where the patient can be, if necessary, restrained by the other group members.

Two side issues are presently being considered. The hebephrenic delusions, which occur as specific efforts to distract the Child from the building up of anger, are markedly different from other schizophrenic delusions in content and quality. Another area of interest is the matter of where the anger is stored and how it is energized. Both of our patients have found the PAC model to have something missing in describing their dynamics.

Selection

It appears that a major thinking disturbance in schizophrenia results from a problem in selection of responses or from fears about inability to select appropriately. Much pathological behavior is structured around this difficulty.

At times the patient feels bombarded with stimuli and unable to perceive selectively; this is responsible for much irritability, for such problems as sensitivity to noise and confusion, for avoidance of social gatherings, crowded places, such as busy streets and department stores, and groups. The patient fears engaging in behavior as a result of impulsive selection of stimuli; most schizophrenics have experienced disapproval as a result of this problem and attempt to avoid situations where it may occur. It is important to avoid criticizing such behavior as "crazy acting" and to assist the patient in considering alternative behaviors for the next time. The patient who is fearful of selection confusion can usually be persuaded to engage in the threatening experiences if he is assured of protective parenting and is programmed to accept such parenting. *Example: "When you go shopping stay right with Joan and let her take care of you."*

The selection disturbance frequently occurs in utilization of defenses. For instance, repression of a specific feeling response in one situation may result in numbness, sleepiness, loss of memory, and an inability to experience positive or negative feelings until the original feelings have been experienced or abated. Or, anger which initially is specific to a particular situation is likely to be generalized to the total environment and also to the self. Thus,

self-mutilation is frequently not masochistic, but occurs because the self is the most available resource for ventilating feelings and the technique of selecting out is not effected.

The implications of the problem in selection and decision on the part of the patient are considerable, and this is an aspect of pathology which we are still exploring. It appears to be manifested differently in different diagnostic groupings and may be the major differentiating characteristic in determining the kind of pathology occuring in a particular patient.

Treatment of the problem is complex and extends beyond the reparenting situation. The patient is taught to maintain low defenses and utilize cathexis as a primary protective device. He must overcome the fear of selection problems, which tends to paralyze his capacity to deal with the situations. He can be taught social devices to be utilized in gaining time for cathexis to Adult in stressful circumstances and crisis must be avoided until he is practiced in cathecting his Adult rapidly as a reaction to threat. As he becomes more confident, the patient will be motivated to find healthy ways of dealing with this problem; until he does he will be dependent upon an external structure, where the demands for selection are diminished by parental injunction.

There is an important relationship between the selection problem and the occurrence of Parent-contamination. Many schizophrenics tend to utilize excessive Parent as a compensating structure to protect them from this difficulty, and although contamination is not likely after reparenting (we have no instance of such an occurence), the patient needs help in avoiding excessive utilization of the old Parent as a way of avoiding the possibility of selection stress.

Selection difficulties are, in some important way, related to the creativity and expressiveness which seems characteristic of well schizophrenic patients; it has been observed that patients resist attempts to deal directly with the problem in the belief that they will experience some considerable loss in doing so; thus, at present no attempt is made to "cure" this problem; the focus has been on finding means by which the patient can be more aware and can utilize this awareness as a protective technique.

The Regression

The regression ordinarily occurs suddenly (over a period of less than a week) and is precipitated by defiance on the part of the Child ego states. (Therapists treating schizophrenics as out-patients need to be aware of the danger in encouraging the patient to behave "well" in accordance with his

counter-script). Ordinarily this requires the Child to violate a parental script injunction.* *Example:* Patient told therapist of seeing her mother engaging in sexual behavior with an animal, violating the mother's injunction, "Don't talk about me!" The Child then becomes very fearful of punishment from the Parent and the regression is an attempt to escape the punishment.

The escape is to a comfortable time in the developmental experience. A patient who was rejected by his mother during the anal period is likely to regress to an oral stage. This is in contradiction to theories which say the regression is to the time of the trauma.

Following the regression is a period we describe as "the holiday." If reparenting begins at this time the prognosis is much improved. (All patients taken into residence at the beginning of the regression have successfully reparented.) There is a period of a few to several weeks when, if regressive needs are met and regressive sensations explained, the patient feels quite comfortable. This time is utilized to consolidate relationships with the new parents, decontaminate the Adult, get an adequate history from the patient to program the coming re-enactment of pathological stages, teach Transactional Analysis, and identify ego states. It is relatively easy to get the patient to suppress the crazy Parent during this time.

If the patient has been hospitalized, there will be complications. He will have experienced the holiday period as a time of fear and confusion, and will probably have been given many not-all-right messages by attendants and nurses at a time when he was most vulnerable and suggestible. He will have had no explanation for his sensations. Regressive needs will have been perceived as pathology, and his experience will probably have been similar to that of a hospitalized infant or young child, resulting in symptoms of deprivation. The result will be more contamination because of the fear and confusion, and the crazy Parent will either be cathected, or elaborate avoidance behaviors will have developed. There will probably be fixation at a traumatic period, or the patient will have gone through some regressed developmental stages without adequate resolution. Frequently, in the reparenting situation these patients do not experience sequential regressions; treatment is slower, and more complex for the therapist. Our three failures fall into this category. However, effective reparenting can be experienced by most of these patients.

At most developmental stages after the "holiday" the patient will present behavior typical of a disturbed youngster. It is essential that this behavior be resolved before the patient moves on to a new stage.

**Briefly, the counter-script consists of "good" instructions given by the parents, while the script includes the pathogenic ones, which are usually stronger and more fearful.*

The regression is perceived as an attempt to work toward a healthy resolution of early childhood disturbances, and is supported and encouraged in the patient, who is reassured frequently of his capacity for resolving problems in meaningful ways.

Oral Stages

The patient who is able to describe his sensations during this stage indicates unusual sensations of the oral area. Behaviors which indicate a need for bottle feeding include sucking, drooling, nose picking, teeth grinding, frequent bowel movements, excessive or decreased appetite, stomach rumblings, rocking, and stroking oneself. A teething stage involving gum sensations and urges for crunchy foods (pretzels, crackers) usually does not require bottle feeding, but if eating disturbances occur, the patient's food is ground up and fed to him, or he is given artificial nutriment. The patient-child is stroked a great deal during this phase, as he has little carry-over of strokes. He needs to be held and rocked, both at feeding time and at other times.

Crawling

A stage which includes crawling behavior and random or seemingly purposeless play and environmental exploration is essential to the development of healthy motivation. The patient may be irritating and difficult to care for during this period, as he will require constant attention, may be uncooperative, and is often negativistic. He must, nevertheless, be stroked a great deal, given much physical care, and should not be disciplined, although he can be told *"No!"* and usually responds to simple commands given in a slightly raised voice.

Anal

This stage is characterized by constipation or diarrhoea, smearing of feces, defecating or urinating in unusual places, interest in smelling, masturbating, acquisitiveness, hoarding, temper outbursts, demanding or refusing attention and strokes, whining, and a range of aggravating behaviors directed at testing limits, avoiding responsibility, and sustaining attention. The patient-child continues to need touch-stroking and constant supervision. While it is very important that the patient experience more positive than negative strokes, structure and discipline are instituted at this time and reasonable expectations expressed. The resolution of this period will frequently be worked out around giving up some behavior which is unacceptable in order to resolve the mother's anger and receive strokes. The successful resolution of this stage is demonstrated by cessation of the constipation or diarrhoea. There is nothing to be gained by attempting to work through this stage with the Adult; the Adult seems almost totally out of contact with the entire anal situation and plays no identifiable role in the resolution.

Oedipal

More regressions occur to previous stages, but in the course of the regression the successful resolution of this stage (and the anal stage) seems essential to the healthy completion of the regression. Many complex problems are encountered at this time, including competitiveness, castration fears, sexual fantasies, and frequent misperceptions. The patient-child's thinking and fantasies should be continually monitored, unusual behavior toward each parent explored carefully, and any indications of repression countered immediately (as these will result in pathology). The patient needs frequent definition as to his sexual identity (he is identified as a "boy" frequently in casual conversations and differentiated in roles and activities) and reassured of his sexual adequacy. The successful resolution of this stage involves the beginning of a sexual script *("When you are grown up you will have a family of your own...")* Clear limits are established re sexual impulses toward the parents. Homosexual impulses may also develop at this stage and may be considered indicative of castration fears or other obstructions to the successful resolution of this phase. Stroking is continued, but it is important that stroking be from the Parent ego state.

Latency

If previous stages have been successfully resolved, this will be a fairly easy period, during which the patient-child is very receptive to new script instructions. Deviant thoughts and impulses occur frequently and are usually verbalized; they can usually be corrected by decontaminating the Adult and by parental injunction. There are likely to be episodes of hypochondrias, and fears of assault and of death, and many feelings of inadequacy. The utilization of the Adult for problem-solving is a primary goal of this period and the patient-child experiences much frustration when his Adult is not functional or is too immature to handle situations.

The new Parent ego state begins to cathect at this time, seemingly in order to support the Adult (with cathexis very much Child-motivated). It should be watched carefully in the beginning and not trusted overly much, as it was incorporated at a time when misperceptions were present. As problems are demonstrated, they can be readily corrected, but must be corrected in all three ego states. During this period the patient-child needs to try out his new Parent, and opportunities for testing reactions to responsibility are provided. There will be a marked improvement in most areas of functioning; however, the patient-child continues to need controls and structure, and it cannot be assumed that he is well.

It is important that the patient not be "over-parented," that the Child be given much support, and that both verbal and touch stroking continue

(but much reduced from the parent of the opposite sex). There is often a tendency for excessive cathexis to new Parent and this would seem normal for the patient who is exploring the usefulness and effectiveness of this new ego state. Comparable behavior is seen in non-schizophrenic latency age children, especially toward the latter part of the stage.

Opportunities for clear sexual identification are needed. Activities which differentiate the patient sexually are encouraged, and negative strokes are given for engaging in inappropriate activities for the sex of the child. *Example: "No, you may not learn to knit. Boys don't do that!"*

Adolescence

This stage is likely to be accompanied by a recurrence of earlier pathology, usually pitched at a much lower level than previously. The patient-child is helped to resolve problems with minimal breakdown of improved functioning. Usually there is extensive checking out of the relationships with each parent, characterized by episodes of incompatibility which are sometimes resolved in giving in and sometimes resolved in outbursts of anger. Some rebelliousness is characteristic of this stage, and much energy is spent on resolving problems around appropriate and inappropriate ventilation of anger.

The patient-child is prepared for discharge from residence during this period if the level of pathology in the Child is such as to make leaving home feasible. Leaving is best facilitated with preparation for college, vocational training, a job, or other young adult role.

Other Considerations

Scripting

Although both parents are involved in giving script instructions, one or other is selected by the patient as primary for this function. More Parent is incorporated from this parent and more script is needed. (There may be a genetic developmental element in this selection.) If the parent from whom the script is needed, is for some reason unavailable, this may contribute to pathology. It is important that when any major transactions are undertaken, it be checked with the Child as to which parent should be giving the script. We have seen no pathology demonstrated around this decision; the Child always seems to know what it needs from whom.

Opening up Psychosis

In many instances, when a problem is to be worked out, the Child of the patient is encouraged to program a situation for this purpose. This is usually done in a group, where acting out can be controlled. The patient-child is encouraged to *"Do what you need to do."* The psychosis is then exposed, often acted out, and the group deals directly with the delusional

Child. It is essential that these situations be resolved in giving the Child corrective script instructions.

Transactions

Parents of schizophrenics must remember the selection difficulty and the concreteness of thought which characterizes the disease. It is necessary that verbal transactions be clear and specific. *Example:* A boy, punished for hitting his sister, was told, "You're not to touch her again!" and had much difficulty touch-stroking or helping to restrain her until the injunction was removed. Since the schizophrenic child is very script-bound, misunderstandings of precise expectations have an exaggerated significance, in that the child frequently cannot defend himself against them.

Results

At the time of this writing, 14 young people have been successfully reparented; it is not anticipated that any of them will ever again experience psychosis. They are confidently working, going to school, marrying and starting families. They are perceived by others as attractive, likable people, capable of getting and giving strokes, and they expect to be successful in dealing with the world.

COMMENT

Here we learn not only how to set up the proper attitude and environment for curing schizophrenics, but also new things that are revealed as the pathology falls away. These new points are of considerable clinical interest. But beyond that, they can be used right now to indicate special points of therapeutic attack in the process of reparenting.

It is instructive here to consider the pioneering experience of Federn. (I am fortunate enough to possess reprints of his original articles on this subject). He first visited his patient in the hospital, and "eventually won her transference by kindness." He goes on:

"I promised to get her out of the hospital and did not omit chocolate. One easily wins a good transference of psychotics by using their regression to the oral level. My wife was willing, and as soon as it was possible we took the patient into our home. We tolerated her emotional outbreaks. I knew her past and underlying conflicts and helped her to overcome them. In the course of the next two years...I did not allow her to return home to her family...she would drive for hours with my wife in a carriage, interrupting the ride many times to take unlimited quantities of sweets...She became normal, married twice, and fulfilled her duties."

The following contributions are three autobiographical accounts written by reparented people whose names are known to the editor but prefer to remain anonymous in the Bulletin. The first is written by a man, the other two by women. "Father" and "mother" of course are Mr. and Mrs. Schiff.

My recollection of the period immediately preceding regression seems to be defined most of all by the increasing tension between two parts of myself, both struggling for control, making conflicting and often contradictory demands on me, and becoming more obviously irreconcilable with each day.

During this period I began to experience flashes of tranquility, very brief but very complete experiences of myself as very peaceful, integrated, without any of the harshness and conflict characterizing most of my experience. I experienced myself and others around me as soft, receptive, gentle. I would recall, very suddenly and without apparent reason, situations, relationships, and even more, feelings from my childhood--not in an abstract, factual way, but directly and emotionally. I would feel, once again, the quality and tone of those situations and relationships.

It seemed very tempting to expand on these brief flashes, but in order to function and meet my adult responsibilities, it became necessary for me to suppress such feelings. My therapist, aware that I was very close to regression, urged that I put them off until I had finished out the academic year. This was late February. By the end of March, however, it was becoming impossible for me to function adequately. My teaching duties seemed unbearably heavy, and virtually all adult responsibilities seemed beyond my capacities. I felt both frightened and angry at the expectations that I meet them. I felt very much that I would like simply to let go, to let out whatever was inside me wanting to get out, and no longer have to mediate an irreconcilable conflict.

After spending a day in Washington D.C., during which I became extremely frightened and confused, nearly to the point of being physically sick, it became apparent to my therapists and to me that I was at the point of regression. With reassurances that I was secure and would be taken care of, the fact of regressing seemed far less frightening than I had always imagined it would be. I felt that what I wanted and needed to happen was happening, and that I would be supported and protected while it was happening.

The actual experience of regression seemed to be very much a "falling back," with an almost clear physical experience of this happening. My body lost much of its tautness, and became, in fact, extremely loose and incoordinated. My limbs felt very rubbery and occasionally I would have sudden feelings of melting, which I likened to feelings of "turning to jelly." My bowels seemed to be in constant motion. I felt extremely sensitive in the area of my mouth--desires to suck, bite and chew. I was given a bottle regularly, and at times felt that I was simply one large mouth, no other area of my body seeming to have nearly as much significance for me.

During this time, I was regarded and treated as a very young infant. At times I would feel remnants of the pre-regression struggle, expressed in feeling guilty about having regressed and not being as adult as my years. Support for the image of myself as an infant, with my infantile needs as primary, was for this reason especially important to me.

It is difficult to compare the experience of oral needs and their satisfaction in my original infancy and in the regression; I have no precise memories of the former. But the feelings and consequences of oral needs have been handled in such a way as to allow me to feel positively about my general dependency needs whereas formerly these needs were very problematic. I have felt more and more all right about being dependent—although here too there have been occasionally recurrent negative feelings—and this has reinforced messages I have been receiving from the group to the effect that I am all right; i.e., if my needs are worthy, I am worthy.

After several weeks of being predominantly oral, the focus of my attentions began to shift. I began to have noticeable problems around constipation. These were very similar to the problems I had had around my natural mother. Generally, my physical condition seemed sturdier; I felt more in control of my body and my coordination seemed to improve considerably. I no longer felt exclusively oriented around oral needs, but became more aware of the rest of myself.

This period was marked by several rather deep depressions, one of the most severe being a consequence (so I was made to understand) of my giving up control and resolving problems around toilet training (during which the problem of constipation was resolved). I had apparently been re-experiencing the trauma of my natural mother leaving me after I had been trained, and so the association of giving up control and abandonment had produced a severe depressive reaction. This time, however, the experience was quite different; giving up control was not followed by any loss of interest or abandonment. I continued to feel loved and wanted, and the depression subsided. Problems around control periodically recur, but there have been quite definite changes in my attitudes and feelings about it. I no longer feel terrified at the loss of control, no longer feel the same compulsion to absolutely retain it in order to feel all right about myself.

My development proceeded to the Oedipal stage; I felt uncomfortable and frightened around my new parents. I was especially frightened of my new father, suspecting that he was alternately hostile and indifferent to me. Toward my new mother I felt considerable anger. After a fantasy in which she was perceived as seductive, I denied having sexual feelings for her and found numerous reasons for keeping my distance from her. This went as far as a decision to leave home. Support from adoptive brothers and sisters for-

tunately helped me clear up a number of misperceptions and to work through the frightened feelings I was experiencing. My decision not to run away seems, in retrospect, a decision to resolve the Oedipal conflict, and was followed by a marked reduction of both anger and fear. It was also, it seems, a decision to differentiate myself from my relationship with my mother and assume a more independent identity. This was of tremendous significance for me since it was something completely different from my original Oedipal experience, in which the separation from mother was never successfully carried out.

My present occupation with problems of latency is therefore an almost totally new experience for me. I feel a kind of freedom and integration I have never felt before. I am still aware of, and have need for, the external structure provided by my new family, but feel that I am allowed to experience feelings which were *de facto* forbidden to me by the previous organization of my personality. The feelings are very exhilarating and give me enormous encouragement about working out a new structure in which I can function as a fully human being. My perception of myself as a male, on the level of feelings rather than abstract convictions, is something very new and meaningful for me. My ability to think seems far less obstructed by indecisiveness and confusion than at any time in the past. And, very important, this seems to be a period in which all sorts of good feelings about myself are being consolidated and strengthened. What follows may involve numerous problems, frustrations and conflicts, but I feel a basic confidence that I have the rudiments of a structure which can handle them.

BEING A MEMBER OF MY FAMILY

For me, becoming a member of the family meant several things. It meant finding out that in my new family, unlike my other family, the mother and father meet each other's needs. They don't depend on the children to meet their needs and the children do not have to arbitrate between the parents or hold the family together. The parents of my family meet the needs of us children, and take responsibility for us. They love us and let us know they feel we are all right. My brothers and sisters are important in the family because without children there are no parents. All right messages come not only from parents but also from my brothers and sisters. I feel I love my brothers and sisters and when a new child comes into the family we are invested in their feeling a part of the family. Accepting the reality of the family is important if we want to get well. By being a part of and living in the family I have begun to solve the problems I brought from my other family. Real problems come from real relationships and we all have

the opportunity to work them through. In family group everyone in the family can participate actively in a brother's or sister's working through a problem and in this way I have incorporated from the mother and father a script to solve our problems. By doing things like eating together we can learn appropriate behavior and by having responsibilities in the household we learn to be responsible. Having a large family of many different ages gives us more of a chance to relate from an I'm all right and you're all right position. The size is also important because it provides a feeling of protection for those of us who came from small families. In my other family there was intense rivalry between my brother and I which in my new family I feel protected from.

Before I became a member of the family I was a day patient on a very well staffed psychiatric unit of a university hospital. I feel that the contrast between the hospital treatment and my family is important to why I'm getting well now. Therapy in the hospital was just talk; as needs were expressed they were dealt with by encouragement to eliminate them.

A really big difference between my family and the hospital is that at the hospital there was a complete lack of integration of the therapists into our life on the ward. Though they had complete control over us there were none of the parental feelings and love which the parents in my family show to us children. Nurses too showed no genuine feelings other than the standard professional approval and disapproval. Their position was of institutional authority, constant observers of patients. Everything about me was kept secret from me. I felt that my Child had been stolen and was hidden somewhere in the nurse's notes. I also felt that the secrecy meant I was evil.

In the family there aren't any secrets. Everyone knows what is being done and why. This adds to feelings of trust and security. My Child and I are not so far apart. As regressed children we don't have adult responsibilities, but at the same time everyone is seen as being responsible for his behavior.

While I was in the hospital I was blamed for not getting well although nothing was done to meet my needs. Therapy was just talk. Mostly as soon as a need was recognized I was encouraged to learn to control or eliminate it. Dependency was defined as bad. Needing stroking was sick.

For the six months I was there I was never stroked and I became afraid to stroke other people. I felt that wanting strokes was bad and giving them was seductive. This view was supported by the nurses. Even when I regressed and cried for hours to be held, this was not done. In my family no one ever has to be stroke hungry. We all stroke each other and we learn to ask for strokes. The parents of my family stroke us and give us specific scripts

around getting our needs met and protecting ourselves from destructive relationships. Although most of us children are sick our relationships with each other become progressively healthier.

In the hospital my relationships with other patients were without intimacy and were frequently based on mutual dissatisfaction with the staff. Since each patient was sort of isolated in his treatment from every other patient we were never encouraged to work through the games we played. In the hospital I developed a big investment in being sick and being hospitalized. This was because my relationship with my doctor depended upon my being sick; if I got well, no relationship. The doctor was interested only in my sickness, and I got this message fairly quickly. This problem was very common among the other patients too.

In my family this too is different. Becoming well is not a threat to the relationship between us children and the parents or among my brothers and sisters. Unhealthy relationships like a mother-child symbiosis are not tolerated and we are strongly motivated to develop healthy ones. The reason this is true is that we are a family. Getting well is growing up, and when we grow up we are still members of the family. The love is still there but like in any healthy family, children grow up, get jobs, go to school, get married and can start their own healthy families.

GIVING UP MY OLD PARENT AND INCORPORATING A NEW PARENT

I trusted Mom. I hated the memories because they made me feel "bad." I tried to suppress them. I remembered them consecutively that day, and I hated the memories and was afraid to tell Mom. I pulled my hair over my face and put my hands over my ears. I talked when Mom started to talk so that I couldn't hear her. I was terrified. She encouraged me—"You've come too far to stop now." I trusted and I told her.

When I finished talking I had described three of my worst childhood experiences—all frightening, degrading, and shameful, memories I had never told anyone about before because I thought I was bad.

The most important message I got from Mom during that hour was that *I was all right,* that I was not responsible for my parents' behavior, that I did not have to feel "bad" because of behaviors my parents engaged in.

On Thursday, November 30, 1967, between 5:30 and 6:30 P.M. I got rid of my old Parent. It was as clear and dramatic and as definitive as that. I walked into Mom's office feeling old, tired, ugly, and depressed. I felt brittle, dessicated, false, felt that all my corners were sharp. I walked out feeling relieved, light, a little shaky, quiet, safe, and very young.

When we got home Mom held me in her lap for the first time. She told the other kids that I had regressed. I felt that I had done a really good thing. Everybody was pleased. I was proud of my new self. I had taken the first important step toward getting well and I knew it.

I was scheduled to help with the dinner dishes that evening, and when I faced the remains of dinner for approximately 20 people, I felt confused and a little uncoordinated. Mom told me not to handle sharp objects.

I had come to live with the Schiff family about six weeks before I regressed. I was sick and hurting, and Mom and the family told me that it was my Parent that was making me sick. I saw other kids who were regressed and who were getting well and they told me that I could get well too if I would give up my Parent. They said they would take care of me; I saw that all the other kids were being taken care of. I learned that my being a child again would be approved of and supported.

Since that November evening all the protection and support I have needed has been available to me. I have not been expected to take care of myself; nor have I been expected to do anything inconsistent with my regressed age. It felt really good to know that I would be cared for as a two or three year old would be and that it would be approved of. I felt important and loved. I liked being two, three, five, eight...I received blocks for Christmas, and on my 28th birthday in March my cake had five candles.

I was encouraged to express my needs and talk about my feelings and persuaded to do so when I was afraid. I learned that I had gotten sick because my needs had not been met and that my getting well depended upon my learning to express my needs. This is the single most important concept that I have come to understand.

Learning to express my needs wasn't easy. I had first to accept that I *had* needs. This had never been part of my experience and I was afraid. I had been so out of touch with my real self that I had created a public self without needs. Only recently have I become sensitive to my Child's needs and able to ask for things. For months I was dependent upon Mom's sensitivity to my Child's needs, upon her understanding of my behaviors. My Child was supported and protected and gradually I had experiences which allowed me to begin to trust my perceptions and feelings.

I also learned that I wasn't responsible for meeting my parents' needs. In addition, I learned that I didn't have to meet the needs of the other children, but that they would be taken care of. I could assure my brothers and sisters of that. My only responsibilities during the period when I was functioning without a Parent were to take care of myself, that is, to make my needs known, and to let Mom and Dad know if one of the other kids needed

them. I learned that I would not be expected to give more to others than I could afford to, that when I got my own needs met and as I got well I would be able to do more for others. I learned that I was to do what I wanted to do and not to worry about what I should do. If I felt afraid of what I wanted to do, I was told to check with Mom and Dad to see if it was all right.

I learned that Mom and Dad approved of my being regressed, but not of my being sick. I believed they respected my doing what I needed to do to get well. I knew that they believed that given what I needed as a child I would grow up to be a healthy adult. When I felt bad about not doing the things I thought a 28 year old should be doing, I was reminded that when I was ready to grow up I would. I was told that I would know when I was ready. Both Mom and Dad and the other kids believed that I was all right and believed that my being regressed was not an end in itself, but a way to becoming healthy.

I gradually learned that I could ask Mom and Dad for what I needed and that my needs, however irrational and frightening and hard to express, would be respected. I came to understand that the most important thing was for me to get well and that I should devote my energy to taking advantage of the emotional resources available to me. Rich resources they were and beautiful. I experienced relationships for the first time in my life. These experiences were crucial to my getting well for it is only within relationship that one may ask another to change himself.

As I became healthier it was easier and easier to ask for things. I began to understand that almost nothing would be denied me and that Mom and Dad and many of the other children believed there was a real strength in being able to identify what I needed and to go about getting my needs met efficiently.

Expressing my needs and getting them met caused me to feel more and more all right and feeling more all right made it easier to ask for things. These basic concepts were incorporated during the period that I was without a Parent and it is my feeling that I did not cathect my new Parent until I had sufficiently incorporated a protective approving Parent that validated my self worth and the importance of my feelings.

The healthier I got the more Adult was involved in my incorporating what I needed. Now I am more aware of asking for specific script-writing, of making specific demands, e.g., "Dad, I want you to promise me that you won't be seductive or abusive," and, "Mom, I want you to tell me that I can believe him."

Giving up my old Parent meant that I was *receptive to reparenting.* Incorporating my new Parent is a continuous process involving my experience of my total environment and to which every transaction with my parents contributes. Crucial reparenting transactions are preceded either by great discomfort and receptivity or a vague emptiness and receptivity.

I have progressed sequentially through the developmental stages, and in each period I worked through problems relevant to that age. For example, when I was five I found out that I am a girl and not a boy. In latency I found out that it was all right to hug and kiss and play affectionately with other girls. My natural mother had said sinisterly, "I saw what you were doing!" when she surprised me one day on the playground at school with my arms over the shoulders of two girl friends.

Now I am in mid-adolescence and am dealing with correcting the delusions I have which underlie the "not all right" feelings I have about myself and about men. It was at this stage that I began dating and to relate to men in destructive ways. Getting rid of my delusional system means establishing a healthy father-daughter relationship with Dad. It involves incorporating into my Parent messages from Mom and Dad that will enable me to give up the adapted behavior I use to defend against having an intimate relationship with my fiance. I use the adapted behaviors because I don't feel all right about myself and at this particular time my "not all right" feelings are related specifically to my natural father's rejection.

COMMENT

The next contribution is written by a layman with an intimate knowledge of the reparenting technique. It offers some significant observations, asks pertinent questions, and answers them as fully as possible with the data available. Some of what he says may be hard to follow for novices, but for people accustomed to observing ego states, it points out phenomena which are of great significance for the understanding and treatment of schizophrenia, particularly in the give and take of everyday living.

In a recent discussion with Leopold Bellak, he said that the cytological, biochemical, and other "organic" aspects of this condition, including "pyrexia of unknown origin" in early childhood, must be thoroughly explored if we are to gain a clear understanding of its origin. On the other hand, he stressed the value of psychotherapy in dealing with the symptoms and social manifestations, whatever their etiology. In this respect, transactional Analysis gives the clearest, or at least the most accessible picture of what is happening and how to deal with it. The fact that a layman can deal so precisely and concisely with an important aspect to it is evidence of this.

E. B.

REPARENTED SCHIZOPHRENICS

Structural and Functional Problems in Relating to the Old Parents and the New Parents

Aaron Schiff

This paper was stimulated by independent reports from two pts. of the Psychiatric Rehabilitation Project in Fredericksburg, Va., who, having been reparented and living 70 miles from home, experienced instability in their new personality structures, and a recurrence of old pathological behavior. With both pts. it was extensive contact with their previous parents which had stimulated the instability.

One pt. (diagnosis, schizoid personality) was living in the same house with his previous father for four months, although having as little contact as possible with him, and rejecting all parenting from him. Treatment consisted of one group and one individual session per week. The instability and pathology were dealt with in the course of treatment.

In the case of the other pt. (diagnosis, schizophrenia, hebephrenic type), treatment had been terminated without discharge for a period of one year due to transportation difficulties. Contact with the previous parents and with the new parents was approximately equal. The pt. effectively excluded her Parent, to such an extent that she could not cathect it, and had recathected her old Adapted Childs, which contaminated her Adult. After a month of concentrated effort at cathecting her Parent she was successful.

The following are the questions which arose concerning these two events:

1. What is the structure of the reparented schizophrenic personality? What are the implications of this structure for the functioning of the pts?
2. How dangerous is contact with the previous parents for the pts?
3. Why is the Adapted Child cathected in situations where the Parent would be more appropriate? What are the implications of this?

The Personality Structure of Reparented Schizophrenics

Diagram A is the structure immediately after cathexis of the new Parent. Diagram B is the structure in its most advanced state so far (two years after cathexis of P_2). P_1 is the old Parent. P_2 is the new Parent. The dark circles in the Adapted Child represent complexes of old adaptive behavior. The light circles represent complexes of new adaptive behavior. Those complexes of behavior which taken together form a consistent pattern of relating to the world, and which are correlated with a consistent pattern of exper-

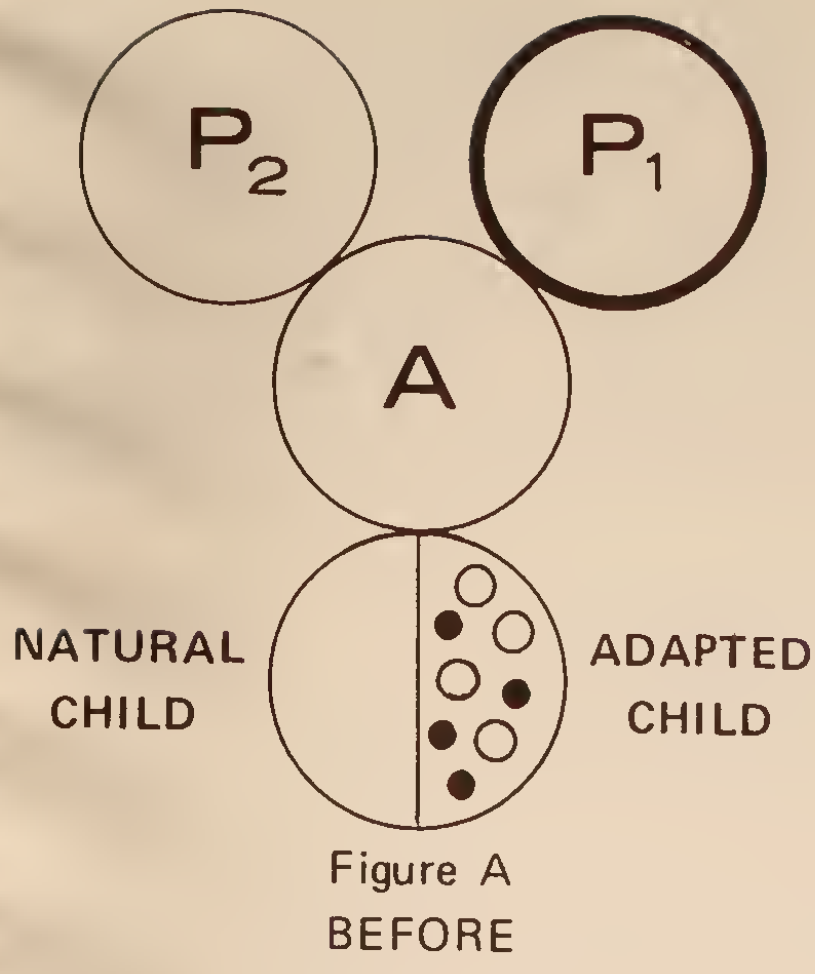

Figure A
BEFORE

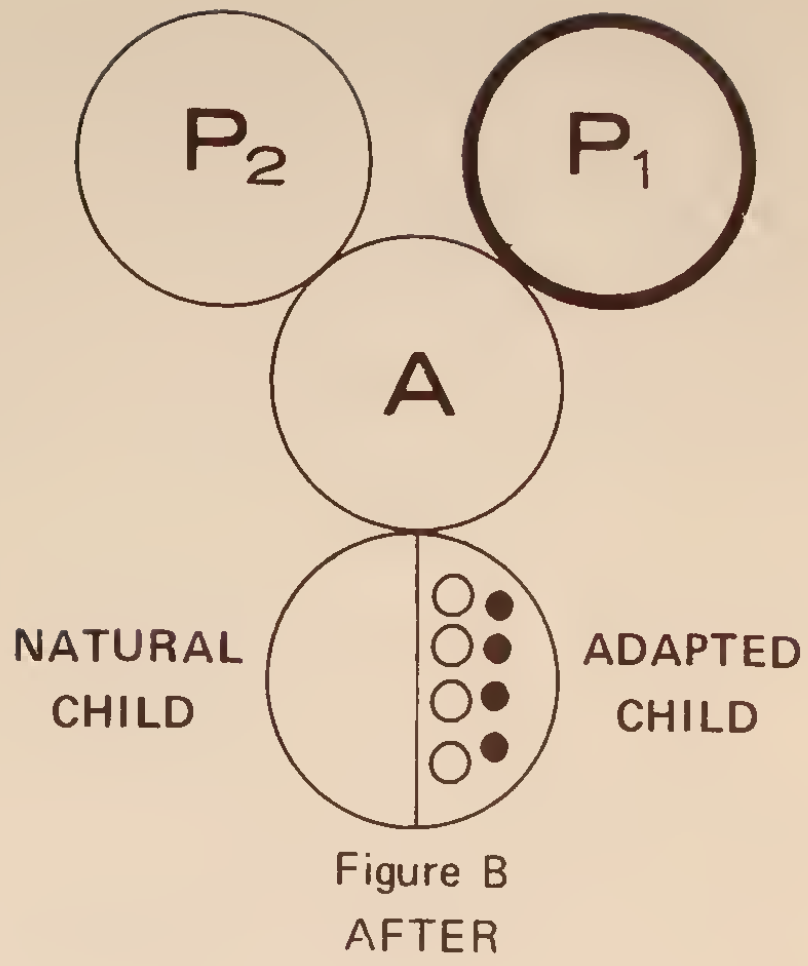

Figure B
AFTER

iencing the world form an Adapted Child ego state. Thus in the special case of hebephrenia the dark circles can be considered parts of at least two Adapted Child ego states (in my opinion), and the light circles are part of another. For other forms of schizophrenia there would be at least one healthy, and one unhealthy Adapted Child ego state. The dark and light circles are mixed in the Adapted Child of diagram A because all of the complexes of behavior have not been clearly defined at that time as healthy or unhealthy. In diagram B the adaptive behaviors have all been clearly defined, and separated into healthy and unhealthy.

The presence of P_1 in the diagram has been questioned by many individuals, and most reparented schizophrenics. When they considered the reasons for including it, the probability of its being in the structure seemed high enough to merit serious consideration. There are two reasons for including P_1:

1. The Parent is essentially a fantasy of the Adapted Child which the Natural Child and the Adult have accepted as being real. The fact that patients can be reparented, and the manner in which this is done demonstrate this. As is evident in diagram B, there is no exclusion of the old Adapted Child(s). All of the reparented patients recognize the presence of the old Adapted Child in their structure, and also that the old Adapted Child is not used. Since the old Adapted Child still exists, P_1 still exists as a fantasy of it. The Natural Child, Adult, and new Adapted Child all believe in P_2. Now, if the following conditions were met: (a) the old Adapted Child received positive reinforcement, and was cathected; (b) the new Adapted Child received negative reinforcement, and P_2 was decathected; and (c) the Adult was contaminated by the old Adapted Child; then the distribution of energy might be correct for the recathexis of P_1.

2. In the second case mentioned above, P_2 had been cathected by going to the previous home, in the same manner that P_1 is decathected in the standard reparenting process. The patient then managed with treatment to recathect P_2. It seems possible that had the environment and the effort been directed towards P_1, then that ego state would have been recathected. In other words, in her efforts to cathect a Parent, patient had a choice between P_1 and P_2. The environment steered her to P_2, but the fate of P_1 under these circumstances is an interesting question.

The Danger of Contact with the Previous Parents

Concerning this, all of the eleven reparented pts. were asked to answer four questions:

(1.) Are your parents a threat to you?
(2.) Can you become adequate to cope with them?
(3.) Do you want to have contact with your previous parents?
(4.) Did you get a script instruction from your new parents to be vulnerable to your previous parents?

The answers tallied as follows:

	YES	NO	UNSURE
(1)	8	2	1
(2)	6	4	1
(3)	5	6	0
(4)	1	10	0

Two pts. who said that they would like to have contact with their previous parents also said that they did not think that they could become adequate to cope with them.

When asked what would have to happen for them to feel adequate to cope with their previous parents, there were several responses: (1.) when the previous parents are no longer needed; (2.) after all delusional thinking is cleared up, so that the behavior of the parents can be perceived correctly; and (3.) it depends upon how the family pathology related to the person at the time; avoidance might have to be used on occasion. In considering this point it is necessary to keep in mind that it is the Child ego state in a parent that has the most impact on an actual child. Therefore it might be the Child-Child transactions which would present the greatest danger.

Cathexis of Adapted Child Instead of Parent

No answer to this question was obtained. Instead the question became specified to: Why do the pts. use their Adapted Childs, instead of their Par-

ents, to defend themselves from their new parents in situations where they are getting, what seems to them to be, inappropriate parenting? The reason for this was identified as being an irrational fear related to some extent to injunctions which were received upon first entering reparenting treatment, not to use P_1 to defend against parenting from the new parents. It was pointed out that at some point in the treatment this P_1 defense would have to be available for use or the pts. would remain too vulnerable to their new parents, and lacking in autonomy and independence.

*

A THOUGHT FOR SUMMER

By the term "dementia praecox" or "schizophrenia" we designate a group of psychoses whose course is at times chronic, at times marked by intermittent attacks. In every case we are confronted with a more or less clear-cut splitting of the psychic functions. The personality loses its unity; at different times different psychic complexes seem to represent the personality...one set of complexes dominates the personality for a time, while other groups of ideas or drives are "split off" and seem either partly or completely impotent. New ideas crop up which neither the patient nor the observer can bring into any connection with the previous stream of thought.

E. Bleuler (1911)

*

SEVENTH ANNUAL SUMMER CONFERENCE

The Seventh Annual Summer Conference of the International Transactional Analysis Association will be held at the Mark Thomas Inn, Monterey, California, on Friday, Saturday and Sunday, August 22-24, 1969. Registration will start at 11 a.m. Friday, and the proceedings will start at 1 p.m. There will be three sections running concurrently throughout Friday and Saturday, and probably two sections on Sunday morning. The Conference will terminate at 11 a.m. Sunday. The Examining Board for Clinical, Teaching and Special Memberships will meet Friday evening, and the Annual Business Meeting of the ITAA will be held on Sunday after the Conference.

The topic headings for the Conference include: pastoral, classroom, family, publication, touching, schizophrenia, ghetto, thinking, adolescent offenders, training therapists, life positions, nursing, child rearing in Hawaii, curses, scripts, marriage, rescuers, marathons and how people get well.

For information and registration, write ITAA, Box 5747, Carmel, California 93921, or telephone (408) 624-9213. The Conference is open to all practising professionals and to graduate students from recognized universities Psychiatric residents and advanced undergraduates in the social and behavioral sciences are among our favorite people.

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TRANSACTIONAL ANALYSIS BULLETIN
International Transactional Analysis Association
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contents

july, 1969 *volume 8* *number 31*

Special Number

REPARENTING IN SCHIZOPHRENIA

JACQUI SCHIFF

Guest Editor

Introduction *E. Berne* 45

Reparenting Schizophrenics *J.L. Schiff* 47

Patients' Autobiographies

The Experience of Regression 64

Being a Member of my Family 66

Giving up my old Parent and Incorporating a new Parent 68

Reparented Schizophrenics *A. Schiff* 72

TRANSACTIONAL ANALYSIS BULLETIN

Published by the International Transactional Analysis Association Carmel, California

october, 1969 volume 8 number 32

TRANSACTIONAL ANALYSIS BULLETIN

International Transactional Analysis Association

A Non-Profit Educational Corporation

Volume 8
Number 32
October 1969

Eric Berne, M.D., Editor
Gwen McEwen, Editorial Assistant

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its Affiliates. All classes of membership in the association include a subscription to the Bulletin. For institutions & libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and inquiries should be addressed to Transactional Analysis Bulletin, Box 5747, Carmel, California 93921.

Papers, clinical notes, news items, and letters should be addressed to the Editor at the above address. They should be legibly typewritten, double-spaced, on opaque paper with wide margins.

The International Transactional Analysis Association, Inc.
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EPISCRIPT AND THE "HOT POTATO" GAME

Fanita English, M.S.W.

This report is a description of the episcript, which is to be distinguished both from script and counterscript.

The script is a life-plan related to an injunction from the Child in the Parent, then integrated as an "electrode" in PC, the Parent in the Child. The episcript is generated around the same time by AC, the Adult in the Child, colloquially called the "Professor." While script injunctions are being received by the Child, AC, the Professor, wishes to fight them off. Particularly he wishes to avoid the outcome belonging to a hamartic or tragic script.

The little Professor is committed to life, perhaps by instinct. He is intuitive and spunky, but does not have the experience or skill to evaluate the script. Seeking parental strokes has first priority; he cannot resist injunctions. Therefore, he resorts to magic thinking. He establishes the episcript, a secret plot based on the magic assumption that tragedy to the self can be avoided by passing it on to a sacrificial object, a victim or scapegoat. This way of thinking is amply illustrated in the myths and folklore of most cultures.

Just as the helpless child experiences his parents, so does primitive man experience the forces of nature. These forces are magical, capable of distributing bounty and also curses and destruction. In primitive culture supernatural magic is offset by man made magic. Sacrificial offerings are based on the belief that if the dangerous consequences of fate or curses can be transferred elsewhere the original bearer of the fate can be spared.

There are tales in the folklore of many nations describing how a hero (or heroine) was cursed in early childhood by a malevolent "spirit" for reasons often related to his parentage or circumstances of his birth. The curse is to take effect many years later except that due to some special quality the hero side-steps the awful fate and the consequences are carried by someone else, thereby temporarily, at least, satisfying or frustrating the demon. It is not by coincidence that this theme is a recurrent one. It persists in religious practices, prayers, rituals related to sacrificial offerings, and socially sanctioned ways of finding scapegoats. If I can pass the "evil" that is about to overtake me to someone else, I might escape the consequences. Jesus died to expiate "my" sins and thereby absolves me from ultimate punishment. For the devout Catholic He dies symbolically every day in the Mass, the proper name of which is the "Sacrifice of the Mass."

Children's play reflects this belief, probably spontaneously generated, but also reinforced by the cultural factors mentioned above. It is also reinforced by child-rearing practices. A teacher may punish one child as an "example" for the others, who escape thereby and feel "there but for the Grace of God . . . " or a parent will blame a playmate for trouble rather than

punish his own offspring. Even reality reinforces this tendency. If a policeman following me begins to chase another car going faster than I am, I may escape a ticket. This tendency is used as a treatment method in hypnotism. The hypnotist instructs a patient to "Place the pain in the door and move it out of your arm," and the patient thereby becomes "freed" of the pain.

With the episcript a secret plan is nourished. Perhaps the script, though set up for real, can be dealt with magically by being "passed on" to someone else. The script ending becomes akin to a "hot potato." My own hands need not be burnt too badly, I hope, if I can pass it on to someone else. Hence many people with hamartic scripts desperately play the "Hot Potato Game" whereby the episcript is effected on the assumption that this is the only way to escape their own destruction.

The difference between episcript and counterscript is that the counterscript is generated by the Parent of the actual parents, whereas the episcript is generated in the AC, the Adult in the Child, of the individual. AC has intuitive awareness of the destructiveness of the script and wants to avert it by magic. The injunctions of the episcript are similar to those of the script but are applied to someone else. The implementation of the episcript is by "Child-Child" transmission, using "Hot Potato" Games such as "I'm Only Trying to Help You," "Let's You and Him Fight," and "Gee You're Wonderful."

There is evidence of episcript in most cases of hamartic script. It is often the episcript which sustains some persons prior to treatment rather than the counterscript. Sometimes episcript and counterscript alternate to defend the individual from anxiety generated by beginning awareness of the script. In my experience with some data relating to "episcript potentials" a spunky, crafty, life-driven, perhaps more intelligent spontaneous child generates a stronger episcript than a more depressed child. Thus a history of "cussedness" and rebelliousness in the childhood of the individual tends to tie in with a particular ability to implement the episcript.

Identification of the episcript is a specific lead to the script itself. Since the episcript plot is similar to the person's script, but is being "passed on" by games and overt transactions, it is closer to the surface and more visible, thus offering a way for the therapist to cross-check initial impressions about the patient's script. Also, the diagnostic pitfall of confusing script with counterscript is avoided.

There are people with a hamartic script who appear to be functioning well for certain periods without having thrown off their script or turned to counterscript. This is usually due to their having "passed on" their script (i.e. implemented their episcript). Temporarily they feel "free" of the destructive injunctions of their script. For instance, it is assumed that Alcoholics Anonymous "cures" are counterscript cures. The former alcoholic remains sober by playing Parent to a drunk's Child. This is not always the case. Sometimes Alcoholics Anonymous "cures" are due to the episcript. The

Alcoholic is "cured" by "passing on" the "Hot Potato" of unrestrained drinking to someone else. A Child-Child transmission of addiction has taken place. Here are two clinical examples.

1. A father stopped drinking to excess allegedly because of worry over his teenage son's drug addiction. Actually, he stopped drinking because the son had "taken over" the curse of addiction (accepted the father's episcript). When the son was cured of addiction the father became alcoholic again. The temporary relief from having passed on the hot potato was cancelled out when he got his hot potato back again. His own injunction had been: "Be addicted," and the son was now no longer carrying it out on his behalf.

2. A young man had an injunction from his mother: "Get locked up in a madhouse." He tried to implement this by using LSD, for example. The counterscript from his father's Parent was based on the precept "Work hard, be a business success." The father overworked and died in early middle-age. The young man, off drugs and exposed to TA, erroneously assumed that his script called for "working himself to death in business." He proudly decided to pursue a career in psychology, an occupation attractive to his Child, rather than business, which was attractive to his Parent. He believed he had given up his destructive script.

Actually, the script was still unknown to him, and as active as before. By working as a therapist he was attempting to offset the script by episcript. The secret motive for the new career was to find substitutes to "feed" to the destructive injunction, hoping to "escape" the script without resorting to counterscript. He became skillful at identifying the most likely candidates for an institutionalizable "crack-up." With them, there were "gallows-transactions" to accelerate that outcome. With others he was genuinely effective, and his new career choice seemed excellent. As with games, his Adult was unaware of the selective treatment he practiced.

The clue to the process appeared in supervision. His clinical supervisor noted that there was a strange glee on his face whenever he discussed the possibility of a "crackup" or the "madhouse" for one of his patients. The supervisor intervened and averted that outcome for one case. The subject immediately, began to seek another potential entrant for the madhouse among the patients available to him. Confrontation with this pattern led to recognition of his script. He shifted back to his counterscript career choice (business) as temporarily safer, and seriously sought treatment. He remembered that his mother, an erratic woman, had, during his childhood, frequently bragged that nobody could drive her into the madhouse. Thus, his script injunction "get locked up in a madhouse" was due to her episcript, with which she had avoided the tragic outcome of her script. I would venture to say that some therapists, rescuers, "I'm only trying to help" game players are in this activity primarily for episcript purposes. Thus the high rate of suicide of allegedly successful therapists may relate to their

being ultimately too successful with their patients. When they run out of patients vulnerable to episcript their own hamartic script takes over for them and they commit suicide.

Whether a person seeks treatment or not, in the case of a hamartic script, is often determined by how successfully he is able to use "Hot Potato" games in transferring his script to episcript recipients. If he can maintain a recipient within his episcript or if he finds successive ones, he may not feel he needs treatment. If he fails to transfer the hot potato, or if he gets it back often, he seeks help. Unfortunately sometimes he seeks and finds help in implementing the episcript, rather than in giving up the script.

Clinical example: A mother kept changing the therapists from whom she sought help about her daughter's alleged misbehavior. In eight years there were twelve therapists. Examination of the timing of entrance and termination of treatment revealed a pattern. There was termination by the mother when the therapist stopped "Ain't It Awful" games and established rapport with the daughter or else when there was increased communication to the mother of what would be age-appropriate behavior in the girl. What was not dealt with, until therapist number twelve, was the mother's own suicidal script. When the girl was moody and depressed she carried the mother's episcript. There was hope, expressed as fear, that she might commit suicide, but at those times no treatment was sought. It was whenever the girl used resources of spontaneity to establish budding outside relationships that the mother brought her into treatment. The mother's secret purpose was to maintain the girl in a "not-OK" position. In that position the girl carried the episcript by being depressed; that seemed fine to the mother. Treatment was sought when the depression appeared to lift. The entering and withdrawing from treatment served the purpose first of reactivating depression in the girl by underlining her "sickness," then depriving her of a therapist in order to promote the suicidal outcome for the girl instead of the mother.

Some Group Process Therapy "cures" are only episcript transfers from one patient to another group member. The script-carrier's little Professor identifies a potentially apt episcript recipient (usually someone in the "I'm not-OK, You're OK" position). The latter then undertakes a role appropriate to the hamartic ending, which temporarily liberates the script-carrier from his curse.

Similarly the secret contract in some marriages is for one partner (usually the one with a flexible non-destructive script) to accept the episcript of the other, thereby relieving the destructive script-carrier – at least temporarily – from his tragic destiny.

Clinical example: A male patient's script injunction from his mother was "Give up and die." From his father he had the injunction "Kill!" Both parents overtly preached righteousness and justice. The patient reconciled

the injunctions into a script which called for committing a violent act, then being caught, giving himself up, and then being "justly" killed. Through this counterscript he became a righteous minister, like his father, but his preaching of hell-fire-and-damnation was not effective enough to implement the episcript, as none of his parishioners obliged by giving up and dying in a martyred way, or by demonstrably going to hell. Thereupon he became depressed, with occasional brief violent temper outbursts. He chose a wife who was depressed, suggestible, and pseudo-suicidal. This led to his becoming energetic and increasingly successful in business. She had temporarily accepted his episcript, being vulnerable to it because of her own background.

For a while, the secret episcript contract "worked." He became more and more successful. His increased absences become the rationale for her saying frequently that he was "killing her" by being away. She began to "give up." On the brink, her Child rejected the episcript and she went into treatment instead. Her own proclivities were related to depression, but not to violence and death. By going into treatment she placed his "Hot Potato" back into his hands. He fought off and sabotaged treatment for her and for himself as long as he could. However, as she increasingly shook off his episcript, he began to feel again the pangs of his script injunctions, and he too went into treatment.

A chronological child is frequently the helpless recipient of a parent's episcript. He is the "identified patient" who, as family therapists know, is usually not the most pathological member of the family. This is why often when the child who is the episcript carrier is removed from the home, another child is maneuvered into that role.

Why certain witch-messages are so powerfully implanted in children is now clear. If a chronological parent has a terrifying hamartic script, and his "Professor" is desperately casting around for an episcript recipient, an actual child, being the most vulnerable and suggestible, is often the "best" candidate. The Professor in the Child of the parent makes sure, over and over, that the episcript is really being taken over. This leads to a powerful implanting of the "electrode," sometimes by a parent whose Child does not otherwise appear to be crazy.

In the example of the patient whose script was heading him for the "madhouse," it was possible to trace back the injunction two generations. The force of the "madhouse" message lay in the desperation of the mother's Child, who felt that unless she passed this on to her son she would enter the madhouse. Her mother (the patient's grandmother) had used the same method, and her father's mother (the patient's great grandmother) had done it too. Nobody actually entered the madhouse, but the "Hot Potato" was passed on and on.

In the recent movie, "The Prime of Miss Jean Brodie" the script, counterscript and episcript can readily be identified. Miss Brodie is an attractive schoolteacher who "sacrifices" the "prime" of her life to educate

girls to finer-than-average cultural standards. This is the overt, conscious life-pattern that Miss Brodie acknowledges. As the movie progresses we can identify the script injunction, which is "Die a violent death for a heroic cause." The counterscript which is being enacted, is "Live nobly and sacrificially for great principles." Since the counterscript does not satisfy the death direction of her script, even though she kills off her sexuality and potential marriage, she must implement the episcript. She manages to influence her most suggestible student into getting killed for a cause, thereby temporarily averting the compulsion to make the supreme sacrifice herself.

SUMMARY

The episcript is a condensed version of a person's script, including the tragic ending, which the individual tries to "pass on" to someone else, as he would pass on a potato too hot to handle. The recipient is someone the individual can influence through Child-Child transmission such as his offspring, spouse, patient, student, or co-member of a leaderless group.

The promulgator of the episcript is the "Professor," (the Adult in the Child) of the script-carrier. He tries to offset the destructive consequences of the script by magical means, believing that if the curse can be transferred, he need not suffer its evil.

While the episcript is visibly taken over by another person, the individual has an access of energy due to temporary "freedom" from his script. But if the recipient fails to enact the script ending, or appears to be rejecting it, the individual is bound by his script again.

The episcript is different from the counterscript in that it is generated internally, following the lines of the script, by the crafty Adult ("Professor") in the Child. The counterscript is established in the Parent by messages received from the actual parents.

There is a desperate quality to the episcript due to the expectation: "I will suffer unless you are sacrificed for me." Thus when the Goddess withheld a favorable wind, Agamemnon was willing to sacrifice his daughter Iphigenia. So too, the patriarch Abraham was prepared to sacrifice his son Isaac. The episcript slogan reads: "I bewitch you to de-witch me."

MARK THESE DATES ON YOUR CALENDAR

(1) 1970 Executive Congress (for advanced members) and Examining Board:
January 10–11 . . . . . Santa Maria, California

(2) 1970 Summer Conference:
August 19–23 . . . . . Monterey, California

ORGANIZATIONAL NEWS

SEVENTH ANNUAL SUMMER CONFERENCE

The Seventh Annual Summer Conference was the largest scientific meeting which the ITAA has ever held. Over 200 people from 22 states, Canada and New Zealand gathered at the Mark Thomas Inn in Monterey, California on August 22-24, 1969. The program featured three sections of clinical papers and panels, including a film, and a book display by Grove Press. The speaker at the Saturday evening banquet was Mr. James C. Taylor, who talked about the racial crisis in America. More and more of our members are writing now, and Claude Steiner, Muriel James and Dorothy Jongeward announced that they have completed manuscripts of their books. Claude Steiner and David Kupfer also taught a two-day 101 course.

At the Examining Board meeting during the Conference, the following persons were accepted as new advanced members of the ITAA: (CM) Leonard Campos, Ph.D. (Stockton, California); (SM) Forrest Edwards, B.A. (Pacific Grove, California); (SM) Aaron Schiff, B.A. (Fredericksburg, Virginia); (CM) David Steere, Th.D. (Louisville, Kentucky); (CM) Jerome D. White, Ph.D. (Chicago, Illinois).

ANNUAL BUSINESS MEETING AND BOARD OF TRUSTEES MEETING

On Sunday afternoon, August 24, 1969, the Annual Business Meeting and a Board of Trustees Meeting were held. The 1970 Board of Trustees was elected and will be listed in the January 1970 Bulletin. ITAA officers for 1970 were elected, as follows: President – Kenneth Everts, M.D.; Vice-Presidents – John M. Dusay, M.D. and Thomas A. Harris, M.D.; Secretary-Treasurer – Melvin Boyce, B.S. The headquarters office of the ITAA will be moved to Berkeley, California in January (see page 110).

The Board of Trustees made two important decisions concerning Clinical Members. (1) Those Clinical Members who desire the privilege of teaching official 101 courses may apply to the Executive Congress for such permission. The first two courses taught under this provision will be supervised by taped and/or personal supervision of the ITAA Education Committee. (2) The requirements for CM candidates were expanded. The new standards are listed on page 111.

Also, all members of ITAA affiliates are now required to join the ITAA.

PANELS

TREATMENT OF SCHIZOPHRENIA

Jacqui Schiff with Aaron Schiff, Elizabeth Schiff, Eric Schiff, Laura Schiff, and Paul, an outpatient

Jacqui Schiff who with her husband operates a residential facility for the reparenting of young schizophrenics (TAB: vol. 8, no. 31) led a panel discussion on schizophrenia with the assistance of four of the Schiffs' adopted children and one of their outpatients. Viola Callaghan and William Collins both of whom had visited the Schiff residence during the past year also participated as discussants.

The schizophrenic personality was diagrammed as having the following messages in the Parent and Child ego states. Parent: "You're not-OK (directed at the Child); The world's not-OK; My needs come first. Child: I'm not-OK; The world is scary; The parent comes first." The individual's Adult is misinformed and the intake of information is defective. All of these messages have to be present in each ego state for a person to be schizophrenic; if you can break down any one of them "the person will be something," Jacqui said, "but not a schizophrenic."

Aaron and Eric described the process of "opening up a psychosis" in which the patient is permitted to cathect his crazy Child and confront it directly. Needed is a safe situation for the persons involved so that no one will be hurt or overly frightened. The contract with the patient is "do what you need to do"; those participating need to be willing to deal with whatever occurs. It is usually fear or anger which the crazy Child feels: the fear may be so great that he wants to retreat to the unborn state or the anger is so great he is afraid he will explode and blow the whole world up with him. All objects that might hurt anyone are removed from the room, and everyone in the circle has responsibility for providing protection, restraint or whatever is necessary. Frequently the Adult of the person in the center can tell the others what's going to happen and what will be needed. No one is ever allowed to feel guilty over anything that has been said or done – they get the feelings out and it's OK.

Once the psychosis has been dealt with, rescripting can take place. This is essential because people can't live without a script, Jacqui said. The Child of the patient has to give up the old script and the therapist as Parent has to have permission from the patient's Child to give the new script. Elizabeth noted that the Child knows what kind of script is or isn't good;

"The patient can tell you what needs to be covered" in the new one. Aaron commented that the new parents accept responsibility for everything that has happened to the adopted child, even the negative things that produced the pathology, because "they should have been there."

Not much emphasis is placed on game analysis, Jacqui said, because "if you stop discounting behavior you can head off games." Discounting occurs when you get a crossed transaction as when the question "What time is it?" elicits a response of "What's your hurry?" The stimulus has been discounted by the respondent whose subsequent response is not appropriate. When people discount they are making up transactions in their heads and responding to a fantasy stimulus rather than to the actual one. There is always a discount in a game and so it is possible to stop the game at the point of discounting.

Discounting is a mark of anal behavior, and anal behavior is a characteristic of schizophrenia, hysteria, and of "a lot of passive-aggressive people who go around not acting crazy but being unpleasant." Anal anger is different from repressed or regressed anger which is "about a specific thing that shouldn't have happened" and which "can be appropriately ventilated." Anal anger is irrational and cannot be ventilated or acted out; if this is attempted the person has to collect enough stamps to build it up again. A person with anal anger is very rule-oriented, and as Laura pointed out, frequently has a programmed set of questions and answers which are used in conversation regardless of appropriateness. There is a fundamental unwillingness to place one's self in anyone else's hands and pathology is utilized to control the intake of environmental stimuli.

In working out an anal problem the anger must be given up. Asked how this is done, Jacqui said she didn't know but that the patients know how it happens and that when it does the person is able to accept positive and negative strokes from his environment. There is no point in trying to involve the Adult in the process, but after the resolution of anal behavior the Adult can operate. From the floor Haiberg suggested that is because anal anger dates from the pre-verbal period and there is not a functional Adult in this period; the Adult is not plugged into the Child until after the anal period, he said.

Following a brief intermission the panel reconvened to consider hebephrenia, about which Jacqui said they had very recently achieved new understanding. The new model accounts for two phenomena which had been previously unaccounted for and which characterized both of the Schiffs' hebephrenic children: overadaptability and elevation of mood at times of stress.

In hebephrenia the natural Child is dichotomized before two years of age into a sweet and good child and a bad child. This occurs as a result of discounting. Unacceptable behaviors were discounted in that there was no acknowledgement from the environment of the deed, the event, the person; and as a result part of the self never got defined. Eric described several

dramatic instances of destructive or hurtful behavior which his former parents had never "noticed," as for example when he kicked a hole in the bathroom wall, and no one said anything to him about it. Jacqui said she asked them about the incident and they said "they had decided he must have slipped – they didn't ask him," she noted, "they just decided. That's discounting."

"We didn't know that the bad Child had a parent too who had to be decathected and replaced along with the other," Jacqui said. Eric who experienced this said that it felt like receiving the gift of a new natural Child because it was the first time his Child could do both good and bad things.

Other points made in the discussion were that it's hardest to reparent patients who have had extensive hospitalization, especially if there has been shock treatment, because the scripted schizophrenic has picked up so much reinforcement that cure is difficult. Reparenting is possible for outpatients and can even be done in prisons or hospitals if there is an adequate structure to support the reparenting. Aaron observed that not many therapists have permission to use their Parent but that they are going to need a Parent in treating schizophrenics and it's "got to be available to you all the time."

TA AND FAMILY COUNSELING

John Cooper, John Dusay, Gordon Haiberg, Dorothy Jongeward

Jongeward described some of the devices she has found effective in family counseling. She asks family members to draw "ego state portraits" of each other; even young children can do this, she said, and the results graphically illustrate how family members are perceived, e.g. huge Parent, tiny Adult, tiny Child.

There is a type of transaction which frequently occurs in families and for which some designation would be useful. Jongward said. One person says, "My stomach hurts," and the rejoiner is "That's what you get for eating before you go to bed." It diagrams as a complementary transaction, C to P, P to C, and yet has the effect of a crossed transaction in that it cuts off communication. If the person making the original statement had reason to expect a critical Parent response instead of a nurturing one, the stimulus could be viewed as a move in a depressive game, she said, but in the absence of such expectation it appears to be a transaction not covered by any of the terms defined by Berne.

Cooper said he was modifying his previous position that family therapy is the "best" treatment for *all* situations involving families. Schiff's work on the reparenting of schizophrenics demonstrates that there are some

family situations best treated in another way, he said. One would be a psychotic family where most of the decisions are made from the Child ego state and where the reactions to witch messages are powerful and continually reinforced. Another instance is the family where the major problem is the marital relationship and the children are caught in the middle of second and third degree games. Family therapy may eventually be useful but he feels it's better to leave the children out until the marital situation is analyzed and decided upon.

The best results in family therapy, Cooper stated, are obtained in a situation where there may be many crossed transactions but where many decisions are made by Adults. Furthermore, the witch message of "Grow up but don't grow up," which may not be evident when just mother and father are in the office, becomes easily evident when the kids are around.

Dusay explained a script pattern which is commonly seen in situations involving young adults and their parents, and which can be analyzed in family therapy. Calling it "rebellion with depression," he noted that the young person often got kicked, busted or jailed. He described the case of a twenty year old girl who had withdrawn from all social life. The message from her father's Parent was, "Play with the kids, go out on dates and get married," while the message from his Child was, "Save yourself for me." Her internal Parent and her adapted Child have bought his Parent message; the rebellion is taking place at the level of her adapted Child vs. his Parent. She doesn't fight against her internal Parent which she could do by changing her values for what is most important in her life. Instead she just refuses to go on dates and get married – and feels depressed as a result of "disappointing" both her internal Parent and his external Parent. A successful rebellion could also take place at the Child-Child level where her natural Child could fight against the witch message. In actuality, by withdrawing she is doing just what his Child told her to do and so her rebellion is a limited, ineffectual one with no hope of accomplishing anything as long as it stays between her adapted Child and an external Parent. Family therapy can bring this out in the open and cut short the treatment time, Dusay said.

Haiberg outlined the phases of family therapy which he utilizes. After an introductory interview, family members attend two lectures on TA and then decide whether to go into a group. Children aged six years and older may come to the lectures if their parents consent. Usually husbands and wives join separate groups at first; Haiberg feels it is beneficial for them to find their own identity first and then go into the same group when both are willing.

WRITING FOR PUBLICATION

Eric Berne, Thomas Harris, Claude Steiner, with Norman Hall (of Grove Press, Inc.)

Berne said that the best way to write is to talk it first. Give three lectures series and then you'll know not only what you want to say, but from audience questions and reactions you can gauge what parts of your material need reworking or clarifying. Since writing is an "ego trip," it's essential to let people see it after it's written. If you don't or if you only show it to a selected few, "it's a bummer." You have to be ready for "poly-surgery" since cutting is inevitable and it will hurt to see your favorite parts chopped out.

Making drafts is another essential. The first draft is to put away and forget. By the third draft you need to think about the structure of the book as a whole and that's going to require a great deal of rewriting as well as rearranging. If you don't want to write five drafts forget it because if you're not that interested the reader won't be either. Learn grammar: there's no harm in it at all and a lot of writers use it. Get a style book and learn how to do it right – it's part of the craft. Writing is such interesting work, and so much fun that not writing is the result of an injunction; people need permission to write.

Steiner said several permissions are involved. One is to say what you've got in your head, and two is to say it simply and briefly in spite of the pressure that maintains it's not respectable to do it that way. Third is to ask for help from others, and this includes your enemies in addition to your friends because they'll *really* tell you what's wrong. Fourth is to get secretarial help on the typing and other mechanical aspects of the job. This involves feeling "I'm good enough to spend a little money on this." Fifth is to try again if someone knocks you down instead of following the usual pattern which is to sulk. Sixth is to be proud and happy that someone is going to read your stuff. It *is* an ego trip and that's a good thing which can be enjoyed without pretending to yourself that you're doing it only for the sake of science or art. An additional permission is to start small, not just short but small, as with a journal article instead of a full scale book, which will be much easier and much less depressing to rewrite if it is rejected initially.

So many wrong things are taught in college about writing, Steiner said, that if you were a good student you've probably been severely damaged as a writer. In graduate school, especially, people learn to write things that nobody could read in a way that nobody would want to read; this is understandable, he said, because professors don't want students to write something interesting when no one is reading their dull publications.

Harris said his book represents several years of lecturing to patients, particularly hospital groups. It is important when writing to be alert from the Adult to the activities of the Parent and Child in the process.

Hall recommended that would-be authors send in an outline of their book and a few representative chapters rather than a great mass of manuscript. *The Literary Marketplace*, a yearly publication about all types of publishing outlets, is a valuable resource for writers; he also suggested obtaining copies of free pamphlets put out by the Crowell Publishing Company which have useful information about preparing material for publication. Questioned about the need for having an agent, Hall and the other panelists agreed that it is not necessary, although knowing an editor or one of a publishing house's authors can be a help in reducing the waiting period between submission of a manuscript and its acceptance or rejection. In response to a question about submitting material to several publishers simultaneously, the panelists agreed that it is often a wise thing to do in view of the usual length of the waiting period mentioned above.

Berne commented that for reasons best known to their high school English teachers 95% of people with doctorate degrees think opaque means you can see through it. "It doesn't," he said, putting in a plug for having articles submitted to TAB doublespaced, typewritten, with margins, on non-transparent paper.

ON TOUCHING

Joseph Cassius, Stephen Karpman, Solon Samuels, Robert Zechnich

Karpman diagrammed the various factors affecting the appropriateness of touching in therapy including timing, setting, type of therapy, patient's perception of the role of the therapist, and the ego state of both patient and therapist. Touching may be a move in the script of either, he said; therefore, Adult surveillance is necessary to prevent ending up in the courtroom or otherwise undermining the therapeutic contract. He stated his criterion for touching as "Does it advance the purposes of therapy?"

Samuels repeated his statement from last year's summer conference that "unless you can really decide through your Adult that touch stroking has a purpose with measurable results you are either gratifying a Child or a Parent ego state in yourself and essentially you're contaminating your therapy." An Adult to Adult contract is made in therapy, but a Child-programmed therapist who enjoys warmth and closeness with patients, or a Parent-oriented therapist who feels good giving positive or negative strokes, will find reasons to justify doing so. "The Adult in a therapist always finds a way to justify what he is doing. This is a game called Kosher: if you can prove it's Kosher, anything goes."

Cassius described some of the results he observed in his operation of a judo academy and body movement studio while getting his doctorate in

psychology. Postural structural changes in the body led to personality changes, according to psychological tests administered to students. Their improved body image, their greater awareness of, and control of, their bodies led to measurably greater openness in dealings with other people and a reduced tendency to withdraw from social situations and from close physical contact.

Use of judo techniques with psychotic patients provided evidence that physical contact elevated their ability to attend to the matter at hand. In essence, he said, judo offers permission to act out aggression on an acceptable level, provides a mandate for touching, builds both a "success feeling" as the repetitive rituals are mastered and a sense of personal responsibility for control as the ability to take care of oneself is developed.

Zechnich pointed out that touching does not exist in isolation but in the context of a whole group of activities with patients, or between patients and the therapist, such as non-verbal Gestalt techniques, that were not in standard practice until recently: *i.e.* anything other than sitting in two chairs (or on one chair and a couch) and talking. The most important transactions go on between people without words, he said. Basic trust exercises, for example, involve body contact and produce "very important emotional happenings" that are strictly non-verbal. They can be talked about afterward, but that is quite different from the experience.

The therapist keeps his computer going at all times: "it is always my Adult that makes the decision at any given second about any given activity or event, including touching, as well as what to say or not to say, whether to intervene or maintain silence." Zechnich agreed with Karpman's criterion of "Is it going to move toward getting the patient better?"

There are times when touching is indicated, Zechnich said, such as in cases of withdrawal or when a patient is working intensively with powerful and primitive material. Script messages from age three years or under are affecting that portion of the personality which is inaccessible to words, and touching can give physical reinforcement to what is going on in therapy.

In comments from the floor, Cooper said that his experience suggests at least one kind of patient for whom touching is not appropriate. This is a person who uses touching to counterfeit strokes, who in therapy, and outside, encourages people to be close physically, in order to feed an infantile position and avoid growing up. Zechnich agreed, saying that there are other times not to touch and these need to be formulated; he has, in fact, stopped group members from touching someone under the circumstances described by Cooper.

Upon request of the panel, Berne outlined his view of the need for a theory of touching. Controlled experimentation with the variables kept as

limited as possible is necessary to gather data on which a tentative hypothesis can be based. Until such a hypothesis can be scientifically tested, it is his position that TA is a talking treatment and the basic question is, "Is the contract for treatment or a trip?" If it can be proven that touching is going to cure someone of something, fine; otherwise it's a "trip." He reiterated his statement of two years ago: if the patients want touch-love they should find it outside the group; if the therapist wants touching he should find it outside the therapy group. Berne cited the Steiners' arrangement as the ideal solution, wherein Claude does therapy and Ursula runs permission classes.

Following the panel, Cassius demonstrated the judo techniques he uses in working with patients and Ursula Steiner led a simulated permission class. (For a detailed description of the philosophy and procedures of such classes see TAB: vol. 7, no., 28, p. 89).

HOW THERAPY WORKS: HOW PEOPLE GET WELL

John Dusay, Muriel James, W. Ray Poindexter, Claude Steiner

Poindexter described therapy as a process of Adult education for the patient with TA's precise operational definitions of ego states, transactions, and games, facilitating this process. Dusay cited instances of cases cured by one rapid incisive statement from the therapist. James outlined her successful utilization of a single two-hour counseling session (covering ego states and transactions, with some inplicit messages of okayness and permission to succeed) with Ph.D. and other professional candidates facing decisive examinations which they had previously failed. Steiner listed various techniques based on the desensitization procedures of behavior therapy which he uses as "homework" for patients: assignments designed to reduce excess social anxiety which involve speaking to strangers, writing essays contradicting Parental messages on such topics as "Why I am a beautiful girl," other antidepressive measures which supplement permission and protection with some "pushing."

MARATHONS AS A TRAINING TECHNIQUE

William Collins, Mary Edwards, David Kupfer

Edwards described the use of marathons to teach the 101 course. She, Robert Goulding, and John Cooper present an abbreviated eight hour course on Friday as the opening of their regular weekend marathons, interspersing didactic material with group sessions. For example, after presentation of material on ego states there will be a group session, led by one of the participants, which focuses on the identification of ego states. The same procedure is followed for transactions, rackets, and injunctions. An advantage

of this, Edwards said, is that participants are actively involved in the learning instead of being passive recipients of information.

Gestalt techniques, such as the empty chair, are used to get at the witch message. This can frequently be spotted very soon in the proceedings in seemingly casual remarks like "You'll never make it – ha ha," or "That kills me – ha ha." Since the patient's script is the result of an early decision based on the witch message, a redecision is crucial. This redecision can be made in the first hour of treatment; the remainder of treatment will then be implementation of the redecision.

Games and rackets serve to advance bad feelings, Edwards said. We were taught which feelings to make into rackets by example and by stroking. We were also taught what feelings not to feel. Through marathons, trainees can "get in their guts" what a Child is, what a Parent is; they can experience feelings they have not been allowed to feel and learn by actual example how to work on a script. Edwards, Goulding, and Cooper prefer to have everybody who is in training with them go to a marathon early in the training. The group usually consists of 14 people with professionals and patients mixed together.

Kupfer said that most of the marathons he is running now are five days in length. He prefers to put trainees in a marathon either at the beginning or the end of training because he wants them to learn how it feels to be a patient, to realize that "people really hurt," to experience those hurts and broaden their understanding of people's feelings. At a marathon, trainees also can learn to identify certain prototypes, like the Sulk, the Advice Giver, and the Waif. This latter is a girl between 17 and 24, who has long hair and doesn't know how to do anything; trainees almost always get hooked by her scared or confused air, and as they move in to help she gets out a little hatchet and cuts off their feet.

Collins agreed in recommending marathons as a valuable learning experience for trainees. It is useful for the therapist as well, he said, because in the "pressure cooker" of the intense emotional involvement he learns more about what his Parent and Child are up to.

TREATMENT OF ALCOHOLISM

Frances Cottington, Martin Groder, Robert Zechnich

Cottington said that state law in Hawaii now provides that alcoholics are to be treated as a medical problem instead of jailed. In her experience the best results are obtained with people who are already divorced because they are out of the marital games which reinforce the victim, patsy, persecutor roles. Wives tend to be resistent to their spouses' recovery

particularly because they want to be in the same treatment group rather than assigned to a separate group for non-alcoholics. She prefers homogeneous grouping of alcoholics because they are "very supportive of each other" and this is especially helpful when they get to the "emptiness period" of having knocked off games. Furthermore, they "don't have to be preoccupied with non-alcoholic problems"; this speeds up the treatment process, she said, since they see themselves, and the destructive parental injunction, in each other.

In AA, Cottington pointed out, alcoholics are taught to laugh at, and thus reinforce, their destructive Child with many a "merry ha-ha for a tragic story." In group the therapist has to get them to quit laughing; once they do they often find AA meetings an uncomfortable experience and become aware of the Parent-Child orientation in AA where the social life seems to consist of "I'm going to take a drink if someone doesn't hold my hand."

Groder commented that the alcoholic laugh is a gallows transaction and can be picked up, and acted upon, by the therapist in the first five minutes of treatment, frequently in the first sentence. Asked about how he intervenes in such an instance, he said when he is feeling rough or nasty he comes on with "What the hell are you smiling at?" or "What's funny about that?" When he's feeling gentler, he says "Did you know that you were smiling when you told about that? It sounds very horrible and yet somewhere inside of you, you must think it is funny." If they deny the smile or that they think it's funny he re-enacts their statement with gestures and, sure enough, they grin broadly or break out in laughter.

Groder disagrees with the homogeneous grouping concept, because "the game includes all players." Also there are ulterior contracts alcoholics maintain with each other, like not discussing certain things, and it's easier to deal with the pathology if you "outnumber" them. Nothing is easier to treat than a lone alcoholic who's already down and out and willing to take anything you hand out that offers reassurance, he said, but "it's not nice to wait until people get into the gutter." The earlier in the course of the script that intervention takes place and the more people that are involved in it, the more difficult treatment is because so much reinforcing is going on, but the therapist can train others in the family not to reinforce the game and to avoid participating in gallows transactions.

Zechnich said the patient's smile is at the witch, looking for the witch's approval. A smile back comes over as "Yes, go ahead and do it," which makes it doubly important not to smile back. In his practice, all players of the game are treated in the same group. He noted the adage that "a way to diagnose the wife of an alcoholic is after you're through talking to her you feel as if you need a drink."

It is helpful to depart from considering alcoholics as one group, Zechnich said, acknowledging Steiner's classification of Lush, Drunk and Proud, and Wino, and the fact that each category calls for different kinds of therapeutic interventions. A statement that can perhaps be made about alcoholics as a class, which Zechnich intends to explore more fully, is that they are "heavily involved with a fear of success syndrome" which also shows up in bankruptcy and other manifestations of avoidance of success. For the most part Zechnich said he has stopped thinking of alcoholics as such because in treatment he sees them so soon in terms of other problems that he forgets that drinking was the initial problem at entry.

Discussion brought out the following points. Protection is very important during the period of vacuum – the "emptiness inside, the empty belly feeding, which all people with tragic scripts experience when they have given up the script." This protection is not only against the return of the witch's message but also while the Child is learning to have fun. Anyone who sticks to treatment for three months will experience a symptom cure but a script cure takes one or two years. However, some people whose script is not so tragic can enter a phase like that observed for underdeveloped countries when they "take off" and can become self-healing. Asked, "How can you define the goal of therapy for a specific patient so you know when he's reached it?" Groder suggested that you can give a negative description of the goal in that, while cured people have many options and so you can't predict what they might be doing, a person locked in a script does not, and, therefore, you can predict what he won't be doing when cured.

PASTORAL COUNSELING

Weaver Hess, Muriel James, H. D. Johns, Victor Matson, Russell Osnes

Panelists, all members of the clergy and all licensed counselors, briefly described their current projects and how TA, or Structural Analysis, was being utilized in their work. Family counseling, pre-marriage counseling, educational work with welfare recipients and ghetto residents, and training clergymen in pastoral education were some of the areas described. The main points which emerged were: a knowledge of ego states can facilitate communication in virtually every situation whether it be minister-parishioners, husband-wife, teacher-students, parents-children; and if they can learn about ego states and transactions in a group together it is especially beneficial because their Adults are receiving the same information and can reinforce each other's operation. Historically, the church has been a strong Parent institution and much of the communication which takes place is Parent to Child; often this has been "guilt-news" instead of the good news which is "I'm OK, – you're OK."

CLINICAL PAPERS

THE PSYCHOTHERAPIST AS RESCUER

Richard Lee

Although patients enter treatment with a constructive overt goal, Lee said, they also have a covert intention to advance their script by using the therapist as a character in their ongoing personal drama. While patients may assign the therapist any of the three action roles identified by Karpman (TAB: Vol. 7, No. 26, p. 40) as necessary for drama, persecuter, rescuer or victim, the role of rescuer is most common.

Acceptance of the rescuer role means that the therapist permits advancement of the patient's script as the expense of the treatment goal by either providing him with a cop-out or endorsing the cop-out offered by the patient as an excuse for not getting well.

The ulterior contract wherein the patient offers to accept the therapist as a treating agent if the therapist will in turn honor the patient's favorite cop-out, is usually proffered in the initial interview by the patient's Child. Some of the commonly used cop-outs heard during group treatment are: "I'm making progress . . . I'm trying hard . . . I'm working on it . . . I want badly . . . I feel so bad . . . I'm cute . . . I'm confused . . . I can't . . . I hope so . . . I wish, I'm sick . . . I'm stupid . . . I don't know . . . I haven't had much education . . . I confess . . . I'm abused . . . I'm tired . . . I didn't sleep last night . . . I can't do it all of a sudden . . . I'll cry."

Lee described the ulterior invitation to play rescuer as follows. The patient says in effect, "Certainly you will understand," which means "Expect nothing because you are supposed to help me." This may be delivered verbally by a remark such as "You know," followed by an expectant look which means "You won't expect me to think," or "I can't change all of a sudden." There may then be a pause which means "I can't do it all by myself," or "You don't expect me to take any responsibility, do you?" The invitation may be delivered entirely nonverbally by silence (meaning, "You have to make me talk"), by a coy smile ("Will you settle for my being cute?"), by tears or a look of desperation ("Feeling bad is certainly enough--you wouldn't expect me to change, too").

Each patient uses a limited number of cop-outs which were originally taught by parents who agreed to not expect performance provided he offered the proper cop-out. These cop-outs are used both internally and transactionally as a form of psychic currency, and they constitute a large part of the verbal and nonverbal content of any group session. Since cop-outs are a

consistent element in the process of script advancement and an easily identified clinical phenomenon, they deserve inclusion in anyone's script checklist, Lee said.

Confrontations regarding cop-outs are readily accepted by patients whose Adult can be hooked. Such confrontations not only deny the permission ulteriorly requested by the patient's Child and give the patient's Adult useful information, but break up this collusion between the patient's P_1 and P_2, which is essential to the advancement of his script at the expense of this counterscript and therapeutic contract.

ALCOHOLISM

Claude Steiner

Steiner discussed the alcoholic game of Drunk and Proud as it applies to other contemporary social phenomena like Hip and Proud, Black and Proud, Gay and Proud.

The variations on this game are "small scale revolutions" carried out by oppressed minorities who do not feel powerful enough to effect needed reforms. They are based on the "I'm not OK, you're OK-ha ha" position with the payoff occurring when the persecutor is suddenly shifted into the victim or patsy role.

Drunk and Proud is usually played by a male married to a seemingly perfect lady who constantly puts him down. He does not feel capable of waging a successful rebellion against her so he gets drunk and commits some act like vomiting on the rug. She thereupon behaves in a very unladylike fashion and he had both the satisfaction of proving that she is not as perfect as she pretends and the pleasure of having victimized her via the rug. In the morning he may act miserable and contrite, and if she accepts his apologies and his promises to behave better he has turned her into a patsy as well.

Unlike Lush and Wino which are self-destructive games, the purpose of Drunk and Proud is to get other people to destroy themselves. Its players, therefore, when confronted with actual physical damage to themselves from the alcohol can give up drinking; they may find that they have become addicted to alcohol since it is a heavily addictive drug, Steiner says, but they can over-come the addiction without too much difficulty since their script does not call for self-destruction.

Long hair and marijuana are both being used today in this fashion, exploiting what Steiner called credibility gaps between what our society pretends and what it practices. Kids can watch grownups, who, at one moment appear rational, begin to act senile at encountering a young man with long hair. The increasingly obvious disproportion between the relative danger

of marijuana compared to other drugs, especially alcohol, and the harsh sentences imposed for its cultivation and use is seized upon by the young to prove that grownups are no good. Judges feel this, Steiner says, as they pass sentence on marijuana offenders: they sense that they are somehow being "had" and the kids enjoy their discomfort.

Groder disagreed with Steiner's designation of Drunk and Proud as non-self-destructive, suggesting that this game and its variations are essentially forms of Kick Me which in the third degree points to death and descruction. He said this was indicated to him in a conversation with a black militant who when asked what he expected to accomplish, replied that "he *knew* the revolution would lead to total genocide of the black race in this country." These players have no expectation of realizing the changes being asked for, he said, in fact, if their demands are met they have to come back with demands which will be turned down, because "the fun is proving that the other side is a bunch of bastards."

Steiner delineated two kinds of revolutionaries operating today. One group consists of the militants whose stated purpose is to bring the Establishment to its knees. These are hard Kick Me players because "if you try a violent revolution in this country you're going to get your ass kicked." The other type of revolutionary creates confrontations in order to get a third party, the reasonable public, to do something about a situation which needs improving. They are "in business to accomplish something"; the first type may sometimes accomplish something too, but it's more in the nature of a side effect. Groder said it's possible to distinguish between the two types by asking the person what he hopes to accomplish. If he can tell you his goals and how he plans to achieve them he is in the second category but if he predicts a dire outcome he is playing Kick Me.

To treat members of disadvantaged minorities, like alcoholics or anyone else who is not a "well-behaved neurotic," Steiner said there are certain myths that need to be dispelled. One is the myth of "self-discovery" which holds that it's better for a patient to find out everything for himself, and so the therapist should not answer questions or tell the patient what he knows. The second is the myth of "paradoxical reaction" which holds that if you tell a patient to do something he's likely to do the opposite, and so the therapist should never tell a patient what to do or not to do. The third myth is that the ideal therapeutic situation is one therapist-one patient, and so group treatment is only for those who can't afford, or don't deserve, the best. Actually, group treatment works better, he said, than individual therapy. The fourth is the myth of illness wherein alcoholism or schizophrenia is regarded as incurable. If you stay away from the roles in the alcoholic games and from participating in the gallows transaction you can cure alcoholics, he said.

TA WITH CHILDREN

William Piehl

Piehl conducts counseling groups for elementary school children under a consultation program between the school district and Family Service Agency in San Jose, California to teach group techniques to teachers and members of the counseling staff.

The children are referred by the classroom teacher and school principal. Groups range in size from four to ten children although Piehl tries to have an average of six. There is usually a teacher or psychologist in attendance. Group sessions last an hour with the last ten minutes reserved for snacks. Each group runs for about 15 weeks under Piehl's supervision; at the conclusion of this period the group is either taken over by the school staff member or a new one started.

While TA provides the basic framework for the groups, Piehl also utilizes play therapy, role playing, various forms of physical activity and behavior modification. Use of TA is possible, he said, because verbalization of concepts is occurring at such an early age in children today. They can use words to express feelings much more effectively than children did a decade or so ago.

"To be one's own self in the midst of a crowd" is the primary challange for the individual in contemporary society. The difficulty is enhanced for school children by the fact that there are many educational pressures working against frankness in the classroom. The generation gap is fostered by adults and is widened and hardened in most elementary schools.

Most of the children referred to Piehl have experienced what he described as "unpredictability of parent controlling signals." They have received lots of strokes but mostly negative ones. There is often a weak father and it is difficult to tell which is Parent and which is Child in the home. In response to questions about OK-ness, 30 out of 45 children in counseling groups indicated their position as "I'm not-OK, you're OK." An interesting sidelight, he said, is that "loving pets can help maintain a child's equilibrium even with unloving parents." According to Piehl, a therapist dealing with these children has to be both a good listener and a firm, reliable parent. He also has to give out plenty of strokes.

Piehl played tapes of portions of several sessions with second grade students. During one, a boy who had been playing "Making Life Miserable for Teacher" realized in the course of talking about the game and its results that "I guess really I'm making life miserable for me." In another, a boy who needed more strokes at home made a contract with Piehl to find a more effective way to get them than by upsetting the classroom so much that he would be sent home.

GAMES NURSES PLAY

Pamela Levin

The organizational structure of the hospital in which nurses take orders from a variety of people who are often at variance provides fertile ground for game behavior, Levin said. Especially common because of this structure are Let's You and Him Fight and Corner (or "Damned if you do and damned if you don't").

Basic to many nursing games is Karpman's drama triangle with the three roles, persecutor, victim and rescuer and the possibility of a sudden switch in the role positions. In most situations the patient is the victim upon admission and the games begin when the potential rescuers begin jockeying for the one rescuer slot established by the standard hospital injunction that only one person can be in charge of the patient's care. The M.D. can almost always win this slot if he wants it; if he doesn't win gracefully the R.N. may persecute him.

Levin outlined briefly those highlights of nursing history and of the current dispute over training vs. education for nurses which foster prevalent games. For example, the word "handmaiden" in the traditional slogan, "The nurse is the doctor's handmaiden," is translated by some to mean "helper" which sanctions the rescuer position but by others to mean "servant" which sanctions the victim position.

Among the games described by Levin were nursing versions of Archeology, Harried (Midwife), Kick Me, Let's Pull a Fast One (on patients), and NIGYSOB (a favorite on O.B. wards when the patient is a teenaged girl or an unmarried woman to whom parentally-prejudiced staff members may say as the pain becomes more intense, "You should have thought about this nine months ago when you were having your fling.").

If It Weren't for You (your incompetence) helps staff members structure time when a patient's recovery deteriorates for no obvious reason, thus enabling them to avoid the more painful consideration of how they might have prevented the occurrence. I'm Only Trying to Help You is probably found in every type of ward, Levin, said, but is more noticeable in the orthopedic ward because of its noisy payoff; traction apparatus, splints, rocking beds, crutches, wheelchairs and stretchers can all be involved in the scene which starts with a "Here, let me help you with that," culminating in a crash, followed by a round of "See What You Made Me Do."

If there is one game common to nurses in the way that ITHY is common to social workers, it is Blemish, Levin said. Nurses are often heard to remark that they have a hard time meeting new people but can talk easily to patients. The reason--each new patient is admitted with his blemish prediagnosed and written on his chart.

An incident was presented in detail by Levin to illustrate Now She Tells Me, described as "a favorite weapon for nurses to use against doctors who, in their desire to provide patients with 'the best medical care' available, become cautious about letting nurses do things for their patients." They fear that quality will suffer. The nurses feel that their intelligence, training, and professional status have been slighted.

Doctor X was a skillful and competent surgeon. He was also compulsive, meticulous, methodical, and nervous. Nurse Y, who was in charge of a fairly large surgical unit, was herself a competent and skilled professional. Doctor X, wary of her spontaneity, began to include in his orders: 1. Measure output ACCURATELY and RECORD PLEASE. 2. Cough patient PLEASE. 3. Do NOT change dressing--this will be done by medical staff. Nurse Y was angered.

Later that week Doctor X remarked to Nurse Y, "I wonder why the patient is developing a fever five days post op when his recovery seemed to be going so well. His lungs are clear, urine is normal." Nurse Y replied, "I don't know. We've coughed him every two hours and pushed fluids. Maybe it's his dressing. It hasn't been changed since surgery, and it's been soaked since he came back from recovery room." There is no recourse for Doctor X. He ordered her not to change the dressing, and on the daily chart is the nurse's note, "Dressing intact and wet." Such games are encouraged by the unique position of nurses in the hospital environment, Levin said.

THE YO–YO GAME

Alvyn Freed

Freed in his paper, subtitled "My Parent The Robot," suggested that internal transactions between the ego states within a person can be analyzed in terms of TA game theory and that the "intrapsychic gamelike behavior may be as destructive to the individual and as frustrating for others as are games which take place between individuals."

He described the Parent ego state as a robot-like creature programmed by mothers and fathers to serve a child until he develops the ability to think for himself. Difficulty arises when a person continues to use the Parent in dealing with reality without recourse to his Adult, particularly if Parental messages tend to be in terms of generalized absolutes and accompanied by threats of death or destruction.

The Yo-Yo game is an internalized form of Why Don't You . . . Yes But, wherein the frightened Child asks the Parent for guidance in an ambiguous or dangerous situation and is given a programmed response. If this solution fails, the Child asks for another, dutifully attempting to apply each instruction until the "memory bank" is depleted at which time the Robot-

Parent may begin to repeat its prior suggestions ("perseveration") and the Child to increase the demands. The result is a "hung computer." Thereupon the Child experiences despair and may employ one of the common mechanisms, agression, regression, depression, panic, resignation. Situations where the Parental information is useful merely reinforce the Child's dependence upon the Parent and further contaminate the Adult.

A technique Freed has utilized successfully in assisting patients to escape from the Yo-Yo game is a TA modification of the Gestalt empty chair in which the patient speaks from his Child, then changes chairs and responds from his Parent. When this exchange is completed, Freed brings up a third chair and asks the patient to talk from his Adult to "those other two guys." This clarifies the process by which an individual can draw upon Parental data, take cognizance of Child needs and feelings, and accurately assess the real situation to make a rational, responsible Adult decision.

THE WITCH'S CURSE

Leonard Campos

Presenting a "TA analysis of bewitchment and cure," Campos surveyed magic healing beliefs and practices in terms of injunctions and scripts to support his thesis that "destructive parental injunctions from the Child of the parent . . . are akin to the so-called "evil spirts of primitive and medieval man." Noting the similarities in thinking between early man and normal children with their magic belief in a fantasy power to control the environment, he stated that it is "reasonable to assume that the young child's transactions with his parents were often governed by this belief in the magical (witch) power of the parent." According to Campos, the basic transactional threat is the perceived parental power of religious or societal taboos which carry the message "obey or die." Campos cited clinical evidence of patients' belief in magic, their desire for the therapist's magic orb as described by Berne, and suggested that the Child's magical thinking can be used therapeutically to counteract destructive Parental injunctions as the Steiners do in permission classes. "Once liberated of the witchy script, the patient is free to exert his Adult power in furthering his own autonomous growth," he said, pointing out the resemblance between this procedure for "breaking the spell" and the many rites and rituals recorded by cultural anthropologists.

MULTIPLE EGO STATES

Gloria Bush

Bush described her concept of multiple ego states in which each person is viewed as having between five and 40 pairs of Parent-Child ego states. She

first became aware of the existence of these additional ego states through the reaction of patients to being addressed by various nicknames. Each name represented an entirely different Child; in one case, for example, Margaret was described by the patient as being a whiny pill, while Marge, the name the patient preferred, was a more robust independent girl. Bush subsequently checked this out with patients in all of her groups and they verified the functioning of several separate Child ego states in varying types of situations.

It may be hypothesized that different Child ego states came into being in response to different Parental influences in the early environment with the same parent sometimes accounting for two or more Parent ego states. Each Parent-Child pair has its own script and life expectancy, its own games and rackets, responds to different kinds of stroking, uses different gestures and different tones of voice. Since the Adult has programmed itself to adjust to the realities of the situation, contamination is different in each P-C pair.

One P-C pair may get the patient into difficulty while another pair gets him out. One of the values of this concept in treating patients, Bush said, is that for someone with a seriously disturbed Child where suicide or institutionalization is in the picture, it dramatically shows the wide range of other choices available. There may be one particular ego state whose functioning is destructive but there are others which may be called upon, rather like a jukebox where a dime is put in the slot for a particular song.

Bush divides therapy into four parts: Basic TA, the Ten Commandments on How to Play Intellectual Stupid (TAB: vol. 6, No. 24, P. 97), Multiple Ego States, and Play Therapy for Grownups. She feels that this last, which is teaching the Child to play good games, is essential for the time when a patient has knocked off bad games and is feeling rarified and lonely. The good games cited in Berne's book are primarily Parent-oriented, she said, and do not meet Child needs. Her groups, therefore, devote part of their time to play, including feeling and touching exercises, under the leadership of an assistant who is skilled in leading this kind of activity. This leaves her free to serve as a benevolent Parent giving permission for fun and also to observe reactions and behavior for later discussion. A person's life pattern becomes apparent in the way he deals with the play situation so that much material for treatment is available in a very short period of time, she said.

In the discussion it was noted that the Child "games" she observes are actually pastimes rather than meeting the definition of transactional games. Also, by breaking the Child ego state up into many components and locating each aspect as a separate ego state, she endangers the whole concept of ego states as it is used in TA.

TA IN A BLACK JUNIOR COLLEGE

Jerome White

White described the utilization of TA in an effort to increase the possibilities for academic success among students in an urban ghetto junior college. These students are confronted by a multitude of pressures: the need for money, lack of sleep because of the fulltime jobs many of them hold down in addition to their school work, the hazards of ghetto life, ambivalence about the value of education in a world where black applicants frequently don't get hired even when trained, messages from the environment that it's futile to sacrifice present enjoyments or material benefits for a vague hope about the future. In addition, many lack "know-how" in computing educational assignments and other related study skills.

On the premise that "the strengthening of the educational response can come only with the reinforcement of the Parent to Child message and the addition of learning 'know-how' to the Adult," several procedures were instituted whereby "both of these processes might be programmed for young people." One was a course of study based on operant conditioning principles to provide successful educational experiences in successive steps. Another employed successful upper-classmen and/or acknowledged Black student leaders to serve both as effective Parent models and as the source of Adult-Adult information in their roles as assistant teachers, tutors, counselors, discussion leaders, and resource personnel. Weekly group therapy sessions focussed on specific short-term contracts, e.g. to complete an overdue book report, and on recognizing the rackets involved in not doing assignments and then feeling bad.

Validation of the premise was found in the experience of honors students, who reported strong support from their parents for their educational efforts, who had a specific career goal (many in public service fields and professions) and saw it as related to the life style toward which they aspired, and who also felt a strong identification with black nationalism and pride.

TA TREATMENT OF CONVERSION HYSTERIA

Warren Cheney

Cheney reported on the case of a 43 year old man whose left side was virtually paralyzed, with face, eye, arm, hand, and leg affected. Onset 28 days before had been sudden; neurological tests indicated no pathology; the medical history showed polio at age 32 and a series of paralytic "attacks" over a period of 4½ years which had ended three years previously as the result of a faith healing. Dreams revealed much hostility toward his boss and his job.

The patient was one of three purchasing agents who were responsible for contracts totalling several million dollars. His boss ruled by threat and intimidation, relying on NIGYSOB and Corner for most of his dealings with the staff. For 14 years the patient had played a subservient role, collecting hostility and hurt stamps which he was now cashing in on an immobilized left arm, thus denying its use (he was lefthanded) to his boss. He felt irreplaceable, certain that without his knowledge of the critical inside details of the contracts, things would get fouled up and the boss would look bad. He had to get well in two months, he said, because his reserves would be used up by then. In six sessions interspersed over 22 days he regained completely normal functioning.

The elected treatment course was to make the patient understand the dynamics of Parent, Adult, and Child, with very little time in the three weeks before recovery directed to transactions, games and scripts. His father had repeatedly drilled into him "Never talk back to the boss--this is where your bread and butter comes from and you gotta get down and lick boots if necessary." The message was reinforced by physical beatings and by example (his father was always afraid of losing his job throughout his work career). The patient's first job on Saturdays at age nine for a tyrannical suspicious boss, and several subsequent ones under similar circumstances, were marked by his father's insistence that he keep on and not resist the manner in which he was being treated.

Emphasis was placed on why it was not necessary to accept a subservient victim position and how to mobilize the Adult. After partial recovery and a relapse, an unexpected visit from the boss in which he faced up to him and announced his intention of not returning to the old job was followed within an hour by complete resumption of functioning. He started a new job and agreed to stay in group until it was clear that he could meet the new demands without disturbance or being afflicted with any old symptoms. After ten weeks he was discharged, although, as Cheney noted, the clinical question still remains of whether the treatment course had been long enough and deep enough to insure no return of conversion hysteria.

TA WITH ADOLESCENT OFFENDERS

Paul McCormick

McCormick traced the course of 4½ months of weekly TA treatment of a 17 year old adolescent committed to a state correctional school. The boy's arrest record included many runaways, a few thefts, and a long serious history of drug use suggesting a suicidal script. His predominant games were Kick Me and Cops and Robbers, both used to support his bad feeling racket. The witch message from his parents was, at best, "Don't be you," but more

probable "Don't be." The counter-injuction, "Do what Daddy tells you," was in line with the witch message and as a result, the boy had no constructive counterscript. He stated his main concern as "to live up to his parents' expectations"; as his treatment goal he set "to start living for himself," to make his own choices based on what he wanted for him rather than on what others wanted.

In the first group session he learned that co-therapists McCormick and Campos would not comply with his invitation to kick him (when he called them "weird"); that they were not concerned about whether he chose to trust them or not; that the group's time would not be taken up with generalizations, even about topics as relevant as narcotics or "whether or not everyone in jail needs treatment"; and that he was suspicious of the therapists' intent when they offered him strokes.

Excerpts from subsequent sessions brought out that the magic he was waiting for was that his parents, especially his father, would change what they had been like when he was five, that they would notice him, and see him as an OK little boy. His reluctance to give up this hope as unrealistic for a 17 year old, his anger at his father for bullying him, and the fact that much of his behavior sprang from a desire to NIGYSOB his father became apparent through the empty chair technique. A gallows transaction in which he was observed smiling while recounting how he got caught smoking marijuana in a public place made him aware of how he used Cops and Robbers to prove that all authority figures are "assholes" (he got recommitted but he knows it was an illegal arrest—ha ha).

Several examples of his procedure in first setting up a situation to be turned down by someone, then laughing when it happened, and finally feeling bad were utilized to emphasize that he had a choice about how he would feel. The final excerpt featured his exercise of that choice. McCormick pointed out that the boy still has not faced whether or not his feeling bad is "in the service of a tragic ending," such as self-destruction through an overdose of drugs; therefore one of the therapeutic goals is to bring him to a redecision about wanting to live.

LETS . . . AN ORGANIZATION OF SINGLE ADULTS

Jerome White

White outlined the formation of an organization providing social outlets and counseling information for single adults in Chicago. More than 400 now attend the biweekly "happenings" which feature an area with bar and music, a lecture-discussion about TA principles, and TA small groups. "The world of the singles" with its games, rituals, and pastimes was described by White as observed from his vantage point as regular lecturer in the discussion area.

Aging brings script milestones to singles, he said, with acute reality testing occurring at 30 for women and at 35 for men since by that time there is little or no chance for the successful consummation of the fantasy of obtaining a prince or princess. The post-college difficulties of meeting and getting to know members of the opposite sex as potential mates become especially urgent at this point. The dating system is cumbersome and inefficient for courting; it is a poor way to size up a mate both because it takes so many weeks for people to get to know one another and because "dating charm has little to do with staying power." Real panic may seize a women in this situation and her problems are compounded by the fact that (a) the years when extra effort must be put forth to find a mate are also the years when more games are played in the few places where men can be met (bars, dances, organized groups), (b) the males available are less sure of themselves maritally (those with the greatest interest in committing themselves in marriage have already done so), so that in addition to the hurdles of sex and dating games she must coyly play for the right time in an affair to press for marriage.

Among the games described by White as occurring in this milieu were a form of NIGYSOB in which the man accepts strokes from a woman until after the first sexual experience when he proceeds to reject her on the grounds that she is promiscuous, thus breaking off the relationship before real intimacy can take place and offering both partners an opportunity to collect stamps. Similarly, in a form of Blemish in which a man's critical Parent gets him a rebuff from a potential date, intimacy is again warded off and stamps are again available for furthering the rackets of both.

White's conclusion in watching the sad spectacle: as aging takes place, a game-free relationship in the dating world gets more and more difficult, underscoring our society's need of an appropriate institution to provide an alternate way for men and women to get to know one another.

SCRIPT AND COUNTERSCRIPT

Zelig Selinger

Selinger presented some observations concerning script and counterscript together with ten case histories which illustrated them. These observations may be summarized as follows:

1. Mother's Child which communicates the injunctions becomes an extra psychic element in the actual Child in the form of an introject, later designated as PC in the Child ego state. At times patients behave like mother's Child and feel more comfortable and important when they do. For some patients the shift from Child to Parent is a shift in positions from I'm not-OK—you're OK to I'm OK, you're not-OK. In order to survive against the mighty witch mother (mother's crazy Child), the Child identifies with her as a life-saving measure; this shift becomes internalized as protection against feeling

miserable and is postulated by Selinger as a "double position" of I'm not-OK, you're OK-ha ha . . . I'm OK–you're not-OK.

2. In therapy the Adult becomes more aware of ego states including the imitations of parents' Parent and of their Child. The more such behavior is perceived by the patient the greater the likelihood he will get fed up with it. As a result the Adult takes over increasingly more control and he gradually stops behaving from that area. It is possible that the introject is being extinguished since it does not have an opportunity to act out, at any rate these patients are able to overlook the injunctions (the Child loses its fear of the Parent) even without permission and protection received as such. This may happen in many people through the circumstances of living, where over a period of time they are forced to repress the kind of behavior which stems from PC, the Parent in the Child, and the motivating force of the script is slowly controlled.

3. The counterscript for some people is given in such dysfunctional communication that it motivates the kind of behavior which in the long run actually furthers a destructive script. For example, unattainable goals held up by the counterscript reinforce the misery implicit in the script message. In some patient's neurotic manifestations are the result of the counterscript. The symptoms are the Child's reaction to the Parent and subside when the counterscript is mitigated, at which time the script may come again to the surface to a minor degree.

THE TRAINEE: BEFORE AND AFTER

Larry Brubaker

Brubaker presented a series of excerpts from group sessions which he led as a trainee, contrasting transactions in early sessions with those in later sessions. The excerpts were chosen, he said, to illustrate his initial "poor handling of group situations" and "the beneficial results" of his training, specifically the supervisory comments from David Kupfer on such matters as: the need for clear contracts and for statements in words an eight year old can understand, instead of accepting imprecise goals and vague descriptions; the importance of getting to work right away instead of waiting for latecomers; the value of stroking patients for being open and straight; the principle of never using the term "game" or letting anyone in the group use it without being prepared to draw it on the blackboard.

(All abstracts were written by Mrs. Bradford Parker of Monterey, California.)

ITAA CLINICAL MEMBERSHIP REQUIREMENTS

The Education Committee recently expanded the list of requirements for Clinical Membership candidates. The complete list is given below. Additional copies are available from the ITAA office.

1. Certificate of Completion for 101 course (101 Summer Conference is applicable).
2. 87% attendance for one year and three presentations at 202 Seminar.
3. Two groups for one year with 50 hours supervision or its equivalent.
4. Completion of written and oral examinations.
5. Appearance before and approval of Examining Board.
6. Knowledge of minimum basic science curriculum (see below).

MINIMAL BASIC SCIENCE CURRICULUM
for Clinical Membership in the ITAA

Since candidates are being examined for their competence in treating patients with psychiatric disabilities, they must have a sound background in the basic sciences related to such practice. If they themselves are not medically qualified to diagnose and treat somatic disorders and prescribe drugs, they must also know when and where to refer patients for consultation.

The minimum curriculum which serves these purposes is given below. Formal educational lacunae can be filled in by studying the books given in the bibliography. In any event, every candidate for clinical membership is expected to have an adequate knowledge of the subjects given below, and can be questioned on them by the examining board.

1. Gross Anatomy. The glands and structure of the brain and spinal cord. The relationship of the viscera. E.g., what are the parathyroid glands? How many cranial nerves are there? What large organ is on the upper right side of the abdomen?

2. General Biology. Animal behavior, sexual behavior. The development of the human embryo. E.g., what is a conditioned reflex? Are monkeys homosexual? How do the two kinds of twins develop?

3. Physiology. Hormones, nutrition, menstruation. E.g., what is diabetes? What is an average blood pressure? Should an overweight person eat carbohydrates? What is the "safe period" in contraception?

4. Pharmacology. Effects of prescribed drugs and addictive drugs. E.g., what is dilantin given for? What are amphetamines used for?

5. Somatic Treatment. Physical and drug treatment of psychiatric disorders. E.g., how is electro-convulsive treatment given? What is lithium used for?

6. Child Development. Ages of maturation of main bodily, psychological, and social functions. E.g., what are the average age limits for toilet training? When is bed-wetting abnormal? What is an autistic child?

7. Psychology. Perception, affects, conditioning. Mental testing, experimental and statistical methods. E.g., what is the difference between sensation and perception? What is the James Lange theory of affects? What is operant conditioning? What is the TAT test? What is an experimental control group? What is the difference between median and mean?

8. Psychopathology. Symptoms and diagnosis. E.g., what is erythrophobia? What are the four classical types of schizophrenia?

9. Psychoanalysis. The unconscious, repression, infantile sexuality, character formation, transference. E.g., what is primary process? What is the difference between preconscious and unconscious? What is the castration complex? What is an anal character? What is transference resistance?

10. Somatic illnesses. Epilepsy, syphilis, degenerative diseases of the brain. E.g., what is the best standard test for epilepsy? What is general paresis? What are the symptoms of senility? What is the main symptom that follows concussion? What disease can cause a presenile psychosis?

11. Prognosis. The natural history of psychiatric disorders. What is a latent psychosis? What is the prognosis for hysterical aphonia? What are the suicidal possibilities in melancholia and neurotic depression?

12. Referral (for non-medical applicants). Know the name of two psychiatric consultants, two internists, and two psychiatric out-patient clinics in your area.

BIBLIOGRAPHY:

Besides being an expert in transactional analysis, the candidate will be expected to know what is in the following books, or their equivalents. They deal with matters which should be common knowledge among clinicians.

1. Any psychiatric dictionary. The candidate will be expected to have a sufficient vocabulary to discuss cases and read literature.

2. *Your Child from One to Six.* Social Security Administration, Children's Bureau, Washington, D.C. The candidate will be expected to know the developmental phenomena outlined in this book.

3. Erik Erikson, *Childhood and Society.* The candidate will be expected to know the basic facts about infantile sexuality as outlined in this book.

4. Sigmund Freud, *An Outline of Psychoanalysis.* This gives a brief outline of psychoanalytic theory. It may be supplemented by either *An Elementary Textbook of Psychoanalysis,* by Charles Brenner (Garden City Anchor Books, 1951), or *A Layman's Guide to Psychiatry and Psychoanalysis,* by Eric Berne (Simon and Schuster, 1968). The latter contains information about nearly all the subjects mentioned in the minimum curriculum.

5. *Diagnostic and Statistical Manual,* Mental Disorders, American Psychiatric Association, Washington, D.C. This gives the standard diagnostic nomenclature which is used in case histories, charts, and statistical reports. The candidate should be thoroughly familiar with this terminology so that he can discuss cases with other clinicians who use these terms.

6. *Abnormal Psychology: Mental Illness, Types, Causes, and Treatments.* Edited by W.J. Coville, T.W. Costello and F.L. Rouke. Barnes and Noble College Outline Series. This gives in compact form a great deal of the

information in the minimum curriculum, including the standard diagnostic nomenclature mentioned above, a list of the endocrine glands, information about organic psychoses and other pertinent matters. In general, candidates will be required to know everything in this book, which together with the *Layman's Guide*, covers the whole ground quite well.

7. Further information about special topics can be found in the *American Handbook of Psychiatry* (3 volumes), edited by Silvano Arieti (basic Books, New York).

CHANGE OF ADDRESS NOTICE

As of **January 1,1970** the headquarters office of the International Transactional Analysis Association, Inc. (ITAA) will be located in Berkeley, California. All correspondence regarding the ITAA, membership, miscellaneous information, Transactional Analysis Bulletin subscriptions and back issues, Transactional Pubs book orders, Examining Board, and annual meetings should be addressed as follows (after Jan. 1, 1970):

ITAA
3155 College Avenue
Berkeley, Cal. 94705

Phone: (415) 653-1420

Articles for the Transactional Analysis Bulletin may be addressed to:

Eric Berne, M.D., Editor
Transactional Analysis Bulletin
P.O. Box 2111
Carmel, Cal. 93921

Old ITAA address:

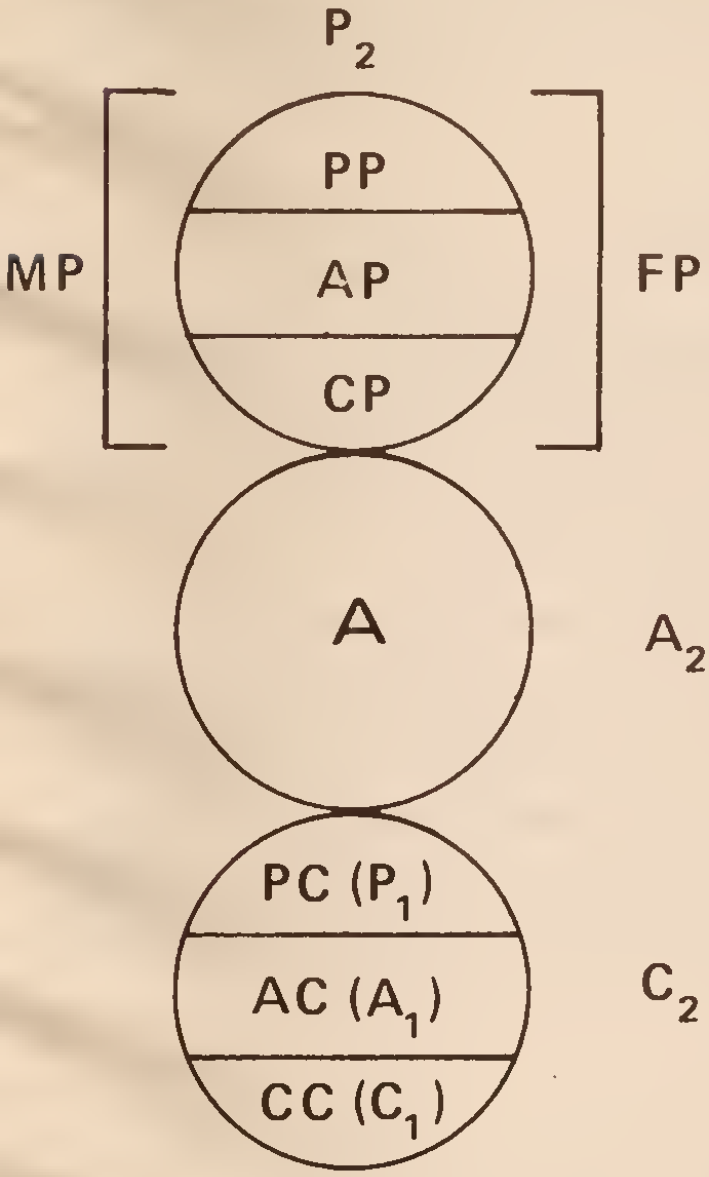
ITAA, P.O. Box 5747, Carmel, California 93921.

STANDARD NOMENCLATURE

If people who read and write for the Bulletin are to understand each other, they must all use the same notation, or difficulties will arise. This problem was discussed at the Business Meeting. Every scientific publication has its own style and its own system of abbreviations, and every science tries to standardize its nomenclature to avoid confusion.

A standard nomenclature will now be required for all reports published in the Bulletin in regard to structural analysis, positions, and game moves.

The nomenclature to be used in second and third order structural analysis is shown in the diagram below, which is self-explanatory. Starting with P_o A_o and C_o at birth, the individual progresses to P_1 A_1 and C_1 to complete the Child ego state. He then moves on to P_2 A_2 and C_2; The various subdivisions of these are explained in the legend.



MP = Mother Parent
FP = Father Parent
PP = Parent in the Parent
AP = Adult in the Parent
CP = Child in the Parent
All parts of P_2

PC = Parent in the Child (P_1) The "electrode"
AC = Adult in the Child (A_1) The "Professor"
CC = Child in the Child (C_1) The "infant"

P_0 , A_0 , C_0 = State at birth

For intermediate states, P_{1a} , P_{1b} , P_{1c} , etc.

STANDARD STRUCTURAL NOMENCLATURE

In regard to positions, a logical sequence rather than one based on clinical theory is preferable, because not everyone might agree on the same theory. The nomenclature and sequence which should be used in all reports submitted to the Bulletin is as follows:

(a) Pronouns should be capitalized, and contractions used. E.g., "I'm," "You're."

(b) The following notation should be used for predicates: "OK," "not-OK." (Note hyphen in not-OK).

(c) The positions should be numbered or named as follows:

1. or the First Position. "I'm OK, You're OK."
2. or the Second or Projective Position. "I'm OK, You're not-OK."
3. or the Third or Introjective Position. "I'm not-OK, you're OK."
4. or the Fourth or Futility Position. "I'm not-OK, You're not-OK."

In regard to games, the term "game" will not be acceptable unless the transactional sequence is really a game and not merely a pastime, an operation or a maneuver.

In regard to scripts, our knowledge of this subject is still in such a fluid state that it is not possible to construct a standard nomenclature at present.

All of this nomenclature is subject to change if it can be demonstrated to the Editor through discussion or correspondence that there is a better one for the purpose in hand, which is mutual understanding of terminology between members of the ITAA and other readers of the Bulletin.

E.B.

PERSONALS

Born to Win, co-authored by Muriel James and Dorothy Jongeward, is available in a mimeographed study edition. It is a blend of structural analysis and Gestalt techniques. It may be ordered from Laymen's School, 955 Moraga Road, Lafayette, CA 94549, at $7.60 per copy.

Fanita English, a Clinical Member of the ITAA, moved from Chicago to Philadelphia at the end of September. In addition to her private practice, she hopes to teach TA and organize TA activities in the Philadelphia area. Those persons may write Mrs. English at 1520 Locust, Philadelphia, PA 19102.

One of our Special Members, Victor Matson, Jr., reports that he recently received his Master of Sacred Theology degree with his thesis, "Adapting Structural Analysis to Pastoral Counseling."

TAB BACK ISSUES

In response to a great number of requests for back issues of the TRANSACTIONAL ANALYSIS BULLETIN, the ITAA is making these available. The original issues (1962 through 1968) have been microfilmed and photocopies have been made from this film.

One volume is published each year, beginning with Volume 1 in 1962. Each volume contains four numbers: January, April, July, October. Back issues from 1962 through 1968 are not available individually, but only by volume. Individual copies of 1969 issues, however, are still in stock. A list of articles in each volume and a price list will be sent upon request.

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists psychologists, psychiatric nurses and social workers, correctional officers, social scientists and clergymen. The teaching is primarily oriented toward group therapy, social dynamics, and personality theory based on transactional analysis. The Association is now in its eleventh year, and is self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Study Groups are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible. Qualified people can become Associate Members of the ITAA by filling out the blank below. They may become Regular Members after taking a complete Introductory Course or its equivalent, and may apply for Clinical or Special Membership after their training meets the standards of the Membership Committee.

All classes of membership include: (1) Subscription to the Bulletin (2) Entree to Seminars and Study Groups when traveling (3) Hospitality of the temporary ITAA headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences (5) Listing in the Annual Geographical List of Members.

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TRANSACTIONAL ANALYSIS BULLETIN
International Transactional Analysis Association
A Non-Profit Educational Corporation

contents

october, 1969 *volume 8* *number 32*

Episcript *F. English* 77

Organizational News 83

Summer Conference Proceedings 84

Membership Requirements 107

Change of ITAA Address 110

Nomenclature 111

TRANSACTIONAL ANALYSIS BULLETIN

Published by the International Transactional Analysis Association Carmel, California

january, 1970 *volume 9* *number 33*

ARTICLES

AN IMPROVEMENT SCALE

Michael Breen, Ph.D.
San Francisco, California

−3 −2 −1 0 +1 +2 +3

Zero or Dead Center. The patient is playing his regular games at their usual intensity.

Plus One or On Ice. This is technically called the level of "social control." The patient has knocked off his games but is despairing, restless or bored. He does not know what to do with his spare time. This is an unstable condition and can be maintained only if the patient remains in therapy.

Plus Two or Trying Something Different. The patient experiments with new behavior, explores different possibilities in life or recaptures earlier, more genuine aspirations. The patient is anxious but figures it is worth trying something different.

Plus Three or Exit. The patient autonomously can try out new approaches. He can solve his own problems and he no longer needs his therapist. Game playing is under his control.

Going in the other direction of the scale, Minus One means playing harder, Minus Two means the patient is becoming apathetic and playing only half-heartedly, and Minus Three means withdrawal, with the patient losing his job, his family and his friends.

When a patient hovers between Zero and Plus One for several months he is "making progress." When a patient is said to be going crazy, he is probably moving from Zero to Minus One. Patients at Minus Two are often said to be "unmotivated for therapy." Plus One or On Ice is a common spot for a patient from Plus One to Plus Two. In TA therapy, Adult-Adult interpretations will move a patient from Zero to Plus One, but only when a patient receives an effective Parental counter-injunction from the therapist with the necessary parental protection from anxiety will the patient move from Plus One to Plus Two. With time a patient automatically will move from Plus Two to Plus Three as a result of self-confidence growing from practice.

It is helpful to use the scale in treatment for several reasons. The patient's contract is repeated, the goal of treatment is emphasized and the patient understands more clearly why he is in therapy. If the patient is a hard worker, this helps him direct his energies. Also, the patient gets to know when he has or has not knocked off his games and why the therapist has made the decision.

The therapist recognizes that a patient can play games with the scale itself, particularly, "How Am I Doin', Doc?" But generally the scale is an Adult device which appeals to the individual in each one of the three ego states. The Parent OK's serious assessments of improvement, the Adult gains important information, and the Child finds out what the therapist is thinking about him.

SOME MORE THERAPIST "TYPES"

David E. Kemp, Ph.D.
University of Oklahoma Medical Center

In *Principles of Group Treatment,* Berne described some games popular among therapists. I would like to add to this typology, because, knowing these games, the supervisor is in a better position to break them up.

Aristotle through the Looking Glass: For these therapists, only the computer-Adult exists, and logic reigns until the patient is dripping wet with syllogisms, which at best, usually strike him as tokens of passing interest. This transaction is typical:

T: Since you did . . . , and further since it is the case that . . . , then it logically follows that you are angry.
Pt: You may be right (which, of course, is patient idiom for "bullshit.")

A further example is this response made by a therapist to a patient who drove 200 miles round-trip twice a week for her sessions: "Your car phobia *obviously* means that you don't want to come to therapy."

Little Boy Lost: Like unto sheep, this therapist's experience and common sense seem to have momentarily strayed into the meadow. In the first degree form, the transaction goes like this:

Pt: My fiance died yesterday.
T: How do you feel about that?

It can, unfortunately, be played in a harder form, as with the therapist who, in treating a patient who injures herself when anyone leaves her, casually announces at the end of a session that he won't be in town for the next three weeks.

Saner than Thou: This therapist believes neither in his own Parent and Child nor in the Adult of his patient; it is a more aggressive version of the *Patient Clinician.* For example: A therapist, who was vigorously conducting Therapy-Psychoanalytic Type, unfortunately forgot an appointment. His explanation to the patient was, roughly, "these things happen." In supervision, the therapist was puzzled, because the patient did not seem to buy this. The therapist was even more nonplussed when he discovered that the supervisor didn't either.

No Pearls before Swine: This therapist seems to be playing a clinical version of "Rickshaw:" "If only you weren't sick, treatment would sure go easier." Having a distinct preference for the "analytic candidate" (that is, a patient whose stream of consciousness sounds very much like Fenichel's), he becomes openly vexed with patients who "cannot produce meaningful material," "are not in treatment," or, (and this borders on attributing sin to the patient), "are not willing to think about their problems."

All of these games, or sub-games, are two-handed; the partner-to-be is both the patient and the supervisor. (Three-handed games exist, of course, as in "But I did what you said.") Vis-a-vis the patient, they seem to variants of ITHY, IWFY, and "Look How Hard I've Tried." Vis-a-vis the supervisor, they are spin-offs from "Kick Me," GYWP, and "Ain't it Awful." Their economy should be duly applauded: one transaction serves as the opening move for both patient and supervisor.

Transactionally, the therapist's message is either Parent (angry, disciplining) to Child, or Child (angry and rebellious) to Parent. Whichever, the therapist is re-enacting a portion of the protocol by casting the patient in the role of some significant other, commonly one of the parents, but not infrequently, a sib.

Therefore, I have found the following intervention the most efficient: "Does this patient remind you of somebody important?" Note that this intervention calls only for a yes-no answer; this not only respects the student's privacy, but it also prevents the two of you from slipping off into a game of "Archaeology" or "Therapy Supervision-Psychoanalytic Type," both of which are a waste of time and quite boring.

FREUD ON THE "GALLOWS TRANSACTION"

David Steere, Th.D.
Professor of Pastoral Care
Louisville Presbyterian Seminary

Steiner (*TAB* 6:38-39) has called attention to the *gallows transaction* which occurs, for example, during alcoholic pastimes. White tells of last week's bender to the delight of every Child in the room. The smile of the witch mother (or ogre) marks the pleasure of the teller's Parent (P_1) in the Child at his execution of her injunction. Humor in the group reinforces it and tightens the noose around White's neck.

Freud in 1928 published a short sequel to his work on *Wit and Its Relation to the Unconscious* entitled "Humour." (*Collected Papers* 5:215-221). His prime illustration is the humor of a criminal, being led to the gallows

on Monday, quipping, "Well, this is a good beginning to the week." In essence, the criminal's humor is to spare himself the affect to which the situation gives rise. For Freud, such jest had two liberating elements: 1) a denial of the claim of reality in which the narcissistic ego asserts its invulnerability, impervious to wounds dealt by the outside world, and 2) a triumph of the pleasure principle which rebelliously asserts itself in the face of adverse, real circumstances. In his work on wit, Freud described a humorous attitude toward others as assuming the superior role of the grown-up, reducing other people to the position of children. Here he suggests the criminal is actually treating himself like a child while, at the same time, playing the part of the superior adult in relation to this child.

Humor, for Freud, was a contribution of the superego, in contrast to wit which originated in momentary abandonment of conscious thought to elaboration by unconscious, primary process thinking. The superego, in this respect, became the inheritor of the parental function. It still treated the ego as the parents treated the child in early years. In the case of the criminal, it was the superego that spoke such kindly words of comfort to the intimidated ego: "See here, this seemingly dangerous world amounts to nothing but child's play."

Steiner sees the humor of the "witch laugh" as Parental pleasure in the Child successfully executing his self-destructive injunction. Freud saw the humor of the gallows joke as an internal transaction involving a nurturing superego taking care of an intimidated child. In Script Psychology, both the destructiveness of mother's "crazy Child" and her comforting nurture are joined in the *gallow transaction.* Crossman (*TAB* 5:152-154) has described the conditions that may be affixed as mother responds to the child's first, primitive request, "Protect me." Our criminal did not have the kind of mother who responded, "I'll protect you – provided you smile back at me." Instead, mother probably suggested, "I'll care for you so long as you play 'it's fun to get hung.' " Freud sensed the continuing parental care disguised by humor. Not having distinguished separate ego states, he attributed this nurturing and preoedipal function to the superego, an agency normally reserved for censoring with all the punative weight of castration. And he pointed out we have much more to learn about it. This precise combination of destructiveness and nurture accounts for the life and death quality in all tragic scripts. Abandonment of the script involves the deeper, preoedipal fear of desertion and primitive death which causes the patient's Child to constantly strive to keep the Parent around, even if he kills himself.

The distinguishing mark of humor in the *gallows transaction* is *it isn't funny.* Some clinical examples:

1. Mrs. A in process of divorce: "My husband never did anything (hehehe) . . . , he left me without money for the house payments

(hehehe) . . . , my lawyers won't help me at all (hehehe)." A "you-sentence" revealed the injunction: "you never get treated as a person." Mother abandoned Mrs. A to an orphanage at the age of two and steadily ignored efforts to contact her in later life.

2. Mrs. B who divorced her first husband when he "went psychotic," lost her next husband-to-be through death, and has an affair while her third, faithful husband is away: "I'm very insecure . . . , I'm sure everything will 'dump on me' . . . , I guess (hahaha) I'll just end up a lonely old lady." Both mother and grandmother are lonely old ladies and her father left by divorce when she was five.

3. Mr. C, a competitive tennis player who tends to "choke" and double-fault in tournament play, just when he is ahead: "It started in the finals of the state . . . I served two aces and then (smile) came three straight double faults." A remembered maternal saying: "Pride cometh before a fall." His father showed him how to be great and then fall.

THE GAME OF "NOBODY UNDERSTANDS ME"

Albert E. Uecker, Ph.D.
VA Hospital, Fort Meade, South Dakota

Through several years of experience in group therapy with inpatient alcoholics, the author has become impressed with the widespread tendency of the alcoholic to take the attitude that no one, except possibly another alcoholic, can ever begin to understand him. This common and persistent tendency has many of the characteristics of a game as defined by Berne.

Alcoholics have been so successful in this game that many treatment programs have adopted the policy of hiring ex-alcoholics or "dry alcoholics" as counselors. Many wives of alcoholics have joined Alanon clubs, and many teen-agers have joined Alateen clubs, all in the effort to understand better the poor, misunderstood alcoholic.

The game of "Nobody Understands Me" (NUM) can be played by almost any number of players. Individual play manifests itself in marriage and in individual psychotherapy. An alcoholic who is a skilled player of NUM has little difficulty in convincing his wife that because of her lack of understanding of him she is at least 50 per cent responsible for his alcoholism. In individual psychotherapy it is the therapist's failure to show adequate understanding that can become the rationalization for continued alcoholism, particularly if the therapist is practicing a type of therapy that stresses insight.

At least a few players of NUM can readily switch to what is more or less the antithesis of NUM, which is the game of "Only You Understand Me" (OYUM). The game of OYUM is not apt to be played with the spouse, at

least not for long after the honeymoon. It is traditionally played with "the other woman." There is obvious seductive power in the statement, "If only my wife understood me as you do!" In individual psychotherapy OYUM is played to best advantage when the therapist has less experience or less formal training than the patient's previous therapist. It takes experience (perhaps bitter experience) to be able to resist such blandishments as "You understand me so much better than that psychiatrist I used to see." The game of OYUM is really a form of Rapo.

Well-coordinated team play of "Nobody Understands Us" frequently appears in group therapy with alcoholics, especially if there is a sociopath in the group to captain the team and call the plays. If the therapist, through candor and scientific objectivity, admits that the etiology of alcoholism is not yet firmly established, he is apt to lend support to the game of NUM. If he interprets game behavior or other alcoholic behavior he is apt to be asked, "But don't you think each alcoholic is different?"

It is possible that inpatient treatment programs for alcoholics tend to facilitate the game of NUM. Such programs tend to be rather didatic. The patients are exposed to lectures, films, books, and pamphlets which may present a confusion of theories of alcoholism--psychonalytic theories, physiological theories, conditioning theories, and, more recently, transactional theories. When exposed to too many conflicting theories, alcoholics may conclude, with considerable justification, that even the experts do not really understand alcoholism.

The game of "Nobody Understands Me," if unchecked, can become a life game. The alcoholic player can flit from spouse to spouse, from therapist to therapist, or from marathon to marathon in his quest for more and more understanding. In doing so he can indefinitely postpone any concrete steps toward alleviating his problem. Suggestions that he might pour his bottles of liquor down the sink, give up cocktail parties, get a prescription of Antabuse, or submit to aversive therapy are apt to be met with the reproach, "But you just don't understand alcoholics."

This author makes no claim to having developed a successful strategy for dealing with the game of NUM when it is played by alcoholics in group therapy. It is rather useless for the therapist to respond to the game by conspicuous display of his knowledge of research on the etiology of alcoholism. A better technique is to pin down the NUM player regarding just what it is about alcoholism that is misunderstood by most people, or, more specifically, what it is about his own alcoholism that is misunderstood by his wife. If several of the group persist in their insistence that alcoholics are grossly misunderstood by their families, by their neighbors, and by the treatment staff, including the therapist, it might be well for the therapist to say something like the following:

"It is true that many people, including myself, do not understand alcoholics as well as we should, and that is too bad. But what is equally important is that the alcoholic should strive to understand the nonalcoholic individuals in his community, especially his wife and his children." Later in therapy it might be suggested that when the alcoholic is clamoring for more understanding he is really asking for sympathy, forgiveness, and love. It is important that the therapist's past experiences with alcoholics have not been so traumatic as to disqualify him as a source of strokes.

It is not being argued that all alcoholics play the game of NUM or that nonalcoholics do not play this game. The typical alcoholic has a repertoire of a number of games. Some of these have been well described by Berne and by Steiner. It would be best if transactional analysts and other therapists would take pains to avoid dogmatic interpretations which arouse resistance, increase the feeling of being misunderstood, and accomplish little by the fixating of the game of "Nobody Understands Me."

CHICKEN LITTLE: A GAME FOR GROUP PLAYING

Alvin G. Burstein, Ph.D

A year's experience as acting director of an inpatient service and an increasing involvement in administrative consultation have led me to identify a social phenomenon which may be thought of as a new game, especially suitable for group playing. I first realized that I was an unwitting player in the context of large staff meetings in which the former inpatient chief, whom I later succeeded, was regularly and heartily taxed with his inability to deal with morale problems, to be sensitive to staff needs, to be sufficiently open in his dealings with staff, etc., etc. Before my own tenure as chief, these accusations seemed accurate, if heated, observations; it was after I assumed the chief's position myself and was frustrated in trying to anticipate and make unnecessary such complaints, that I began to suspect that there might be a game being played.

The character "Chicken Little" bears special comment. In our setting, this role was most often played by a senior member of the social work staff. A woman of great energy, experience and skill, she had been associated with the service for many years, but never in a position of administrative responsibility. Her manifest responsibilities on the unit involved supervising social work trainees and doing direct service work. In meetings of ward staff with the chief, she took a quasi-therapeutic position, eliciting and clarifying the feelings of others, but almost never voicing her own; she also gave vociferous expression to the objections of others to proposed policies or decisions, and mounted a vigorous defense of staff who were criticised by their superiors.

When I became chief of the unit I was the victim of many of her maneuvers, and my anger at the "unjust" persecution made it difficult for me to maximize the utilization of her talents on the ward. After I began to recognize the game structure outlined below, I made attempts to involve her in the unit in a central way, but the efforts were belated, and probably seen by her as halfhearted. I had become too hooked on the game, too addicted a player to develop an effective antithesis.

FORMAL ANALYSIS

Title: Chicken Little

Thesis: "Why can't you see?"

Dynamics and Aim: Demonstration of alienation from and superiority to the "other"; demonstration and reinforcement of status differences.

Roles: (a) Kings. (b) Chicken Little and/or populace.

Examples:

(a) teenager *vs.* parent
(b) senior social worker *vs.* chief of service

Paradigms:

(a) Social:

Adult-Adult

C.L.: I want you to know about a difficulty in my job (life).
K.: It's an illusory difficulty.

(b) Psychological:

Child-Parent

C.L.: Things are unberable.
K.: Shut up and swim.

Moves: Look at what's wrong - you're wrong - I'm not wrong, *you're* wrong.

Advantages:

(a) Internal Psychological: expression of mutual anger
(b) External Psychological: avoidance of intimacy
(c) Internal Social: "I didn't want to say this, but"
"You always say that"
(d) External Social: "I see what you mean, but"
"Perhaps I can explain"
(e) Biological: positive strokes exchanged among populace
negative strokes between populace and king
(f) Existential: I'm all alone; nobody can help
(g) Relatives: Uproar - Why Don't You, Yes But

Remarks:

It is important to note that this game is not played from widely disparate social positions, eg. by a ward clerk and a chief of service, but rather by people who could conceivably be allies and near-peers. Chicken Little is always someone who is implicitly or explicitly sanctioned as a leader. In this respect the game is very closely related to Uproar, played between father and his adolescent daughter, which is terminated when they slam into their respective bedrooms - the point being to demonstrate that they do not (wish to) sleep together.

From a psycho-analytical point of view the game is necessitated only when Oedipal anxieties become aroused by heightened sexual tension in the offspring and the impending possibility of a peer relationship. If this conjecture is true, the game of Chicken Little most often ought to be played between cross-sexed players, and interesting questions are raised as to related games between same-sexed players. An additional theoretical question is raised for Transactional Analysis: whether the Child-Parent-Adult paradigm might be fruitfully amplified by considering sub-roles, such as adolescent, and by an elaboration of three-handed games involving two siblings and their parents.

A question arises as to the correct antithesis. Here I have some reservations based on my limited success in dealing optimally with the opening gambit. I feel, however, that the essence of the correct response is "Since you are especially cognizant of the difficulty, I will delegate you the power to deal with it." I take the essence of the "therapeutic" retort to be retaining appropriate role structure while welcoming Chicken Little into Adult status.

A THOUGHT FOR WINTER

It would be a good thing if every trick could receive some short and obviously appropriate name, so that when a man used this or that particular trick, he could at once be reproved for it.

Schopenhauer

FREEMASONRY – A GOOD GAME

Leonard L. Lewis, K.T., 32°
Member of Northern California Research Lodge, F. & A. M.

When one Freemason meets another for the first time he doesn't have to go through the weather, baseball, cars, fishing, and females, and then gingerly into politics and religion. He has an instant special conversation topic and an instant knowledge of the other man's general value system. The gentle fraternal ethos of the Craft provides an immediate warmth and sense of security to the new interpersonal relationship. Almost everywhere the Master Mason travels or thinks he might travel he can feel he has a sort of social insurance against aloneness and isolation if he wants to use it, and at a much more improbable and less usually conscious level even against utter want and starvation.

There are six basic existential anxieties or fears against which Freemasonry is a partial defense or coping procedure.

1. *Fear of Suffering* – Masonry reduces fear of suffering through its ancient practice of giving aid and assistance to its distressed members, and by providing them with friendship and fraternal affection. In the modern age of Social Security, and in the social classes where Freemasonry predominantly draws its members this is of little importance today except on the psychological level. The assistance rendered is, today, almost exclusively in the form of charity contributions to outsiders.

2. *Fear of Absolute Novelty* – Masonry reduces fear of absolute novelty by providing a set of philosophical or quasi-religious values and rationalizations about life and death which are accepted by the group as a whole, and thus tended to reduce the individual's doubts and uncertainty. These values are general enough so that each individual member can retain his own personal concepts about the details of his viewpoint, and even the human tendency toward individual variation and interpretation is itself rationalized in the ritual.

3. *Fear of Aloneness* – Masonry reduces fear of aloneness, or loneliness and alienation by providing the warm fraternal companionship and the security in communication described above. Also by traditionally and scrupulously avoiding discussion of politics and religion in lodge, and by providing an elaborate set of rituals and discussion topics it tends to create the illusion of real common understanding where little or none may exist. Subtle economic and social selection processes are also at work which tend to produce a large measure of real uniformity of values among members. The predominance of the Republicaniferous flavor of political sentiments is obvious in after meeting conversations between members. This is mainly due to the age of most members and not so much to any specific aspects of Masonic philosophy.

4. *Fear of Guilt and Condemnation* – Masonry reduces this anxiety by its group or collective ritualized implication or inculcation of morality, fraternity, moderation, charity, and tolerance. I note incidentally that many Americans seem to feel the need to rationalize or justify the existence of their organizations and their personal needs for group activity and approval by engaging in at least a small amount of charity donation.

5. *Fear of Death* – Masonry reduces fear of death through its ritualized reinforcement of one's individual religious beliefs and through the institutionalized ceremony of the Masonic funeral.

6. *Fear of Meaninglessness* – Masonry reduces fear of meaninglessness by providing a quasi-religious philosophy that negates or counteracts the fear of finding oneself to have been a fool who wasted much of his life on needless, worthless, pseudomoral self restriction, and the fear of one's existential rage at the apparent injustices of reality. It provides group purposes and goals in life, and it reinforces one's existing values or the traditional values of the culture.

There are a goodly number of hypocrites who join Freemasonry with the largely mistaken idea that it will be beneficial to their business or professional interests. The more obviously hypocritical usually drop out from boredom and general discomfort. A certain number of hangers-on, especially of the political variety, retain nominal membership, and are sometimes referred to as "button" or "coat pin" masons, or "dues payers", and are regarded as a fortuitous financial resource of minor significance.

The core of the Masonic organizations consists of hard or high degree players of "Happy to Help", "Homely Sage", and "They'll be Glad They Knew Me". All of these games are very frequent in Masonic groups, but tendencies of occurrence can be observed. "HTH" is almost universal as a secretary's game, the secretary's job being unpaid and, in a large lodge, almost a full time position in terms of hours. "HS" is most likely to be observed in Past Masters, District Inspectors, ritual coaches, and candidates coaches, since these are usually old-timers who have been through all of the chairs or offices of the lodge.

Freemasonry played for legitimate (i.e., not consciously hypocritical) reasons tends to run in families and the rules of the game are often learned in the home all during the school years, and actual play of the game can be begun during junior high or high school years in the Masonic youth organizations.

A frequent occurence in Masonry is the member of the intensive puritan ethic type who feels, often-times in spite of considerable actual success, that he had not succeeded in life as well or as greatly as he should have, and who has compensated for what he feels is his little business success by putting in the time to work his way up through the offices of one of the

more than 25 organizations in the Masonic group to the exhalted rank of past grand high superexcellent something-or-other. Many such people appear never to have had permission to be content with a given level of achievement or to cease striving upward.

There exists an entire and extensive family of games and pastimes which are largely unique to Masonic groups. Among these are "Where Were You Raised?" (In what lodge did you take your 3rd. degree?), "Have You Ever Been to the Old Historical Lodge at," "What Do you Think of the York Rite, Order of the Grotto, Sciots, Cedars of Lebanon, Shrine, Eastern Star, etc. work", "Have You Ever Heard How the Work is Done in Israel, Japan, Turkey, Scotland, etc.", "Has Anyone Ever Explained to You the Origin and Symbolic Significance of Such and Such an Obscure Part of the Ritual", and many more, often with shorter titles that would need too much explanation for elaboration here. Among members of the York Rite, the game of "Knight Templar" (Crusading Christian Knight or Knight-errant) is played with a remarkable reification of childlike fantasies in the uniforms and ceremonies. All of the at least 5 or 6 womens' organizations in the Masonic group have Masons in them in at least a guardian or associate member sort of status. The reverse is not true. This permits a little gentle and low key "Us Boys Have a Secret, Don't We?" to be played between masons occasionally and with an exchange of smiles, winks, and knowing nods, when wives, daughters, young sons or other family members ask or can be surreptiously led to ask something which is not to be disclosed.

The careful study and psychological analysis of the Masonic family of organizations conducted by qualified researchers who actually joined these organizations would yield a rich body of data on American culture, personality theory, cross-cultural modifications of organizations, and other areas.

*

A MESSAGE FROM THE OUTGOING SECRETARY

After working for the ITAA for nearly four years, I am now "retiring" in order to devote more time to my school work. These four years have certainly been exciting and I couldn't have worked with finer or more OK people. My immediate plans are to finish school, graduating from the Monterey Institute of Foreign Studies with a B.A. in Spanish in August 1970. Immediately after that I expect to move to Europe and live there indefinitely. However, I will keep in touch with developments in the TA world. I wish the incoming President and Executive Secretary every success in their administration.

Gwen McEwen
Monterey, California

BRIEF COMMUNICATIONS

PARENTAL SCRIPTING MESSAGES FROM FEMALE PROGLEM DRINKERS

Here are some examples of such messages that I have collected from three cases.

I. "Don't ever get in a frenzy about learning anything . . . If it's going to shake you, forget about it . . . The things you know and take naturally to, don't fret about them: there's enough you're interested in anyway . . . If it's going to cause any little upset, don't bother (but the main message really was 'don't ask questions') . . . If it's that hard, dear, take a nap and forget about it (They really didn't want anyone running around the house and asking questions) . . . Don't get wrought up in something that's not your thing (My father always would be the softer of the two – he couldn't stand to see problems in a child – it was hard for him to sit and talk; my sister would say 'Spare him of anything that goes on – he can't take it.) . . . (Car broke down on a trip) Don't go through all that nonsense; sell the car and fly home and get rested . . . Sleep first and think about it later . . . Take a nap . . . (Catholocism and nuns) To have a goal for yourself is bad? life is a series of sacrifices . . . Self-determination is bad . . . Don't question."

II. "The willing horse hauls the load . . . When you're grown up then you have responsibilities . . . If you don't know how, then you don't have to do it. (Grandmother dropped money in the fireplace; mother never learned to drive.) . . . Do it the easy way."

III. "Don't bother about all that thinking stuff."

Stephen Karpman, M.D.
San Francisco, California

I'LL SHOW YOU YET (ISYY) or THEY'LL BE SORRY THEY KICKED ME

This is an addendum to my paper on Episcript and the "Hot Potato" Game (*TAB* 8:77-82, October 1969).

John, a patient who had just read that paper, pointed out, on the basis of his life-history, that the concept of Episcript needs to be broadened to include methods, in addition to "Hot Potato" transactions, that are devised by the Professor (A in under-5 Child) to offset script injunctions that are being foisted on him.

"Hot Potato" transactions seem to be the most prevalent means of "transmitting" a Curse and its expected consequences to a Sacrificial Recipient, thereby "magically" freeing the bearer thereof – at least in his imagination, and temporarily.

But, while the Child is still chronologically young and unable to find a Sacrificial Recipient, there is another Episcript technique to offset injunctions or modify the flowering of a destructive script. This is the "I'll Show You Yet" game, (ISYY), or "They'll be Sorry they Kicked Me".

Illustration: John's injunction from Mother's Child was: "Don't think". His father, an alcoholic, showed him how. Of course, this injunction was mother's Hot Potato whereby she was trying to fulfill her Episcript. She had been raised by overbearing relatives to be a slave and was "escaping" the role.

John's script (as elaborated) included a life course of being a "dummy" with relief from responsibility via drinking bouts. Counterscript: (from both parents, devout Catholics) "To be a good boy and learn to become a priest".

John followed script injunctions by consistent Games of "Stupid", "Wooden Leg" and, (later) "Alcoholic". He also alternated with the Counterscript by being labeled, in school, as "not smart, but good, conscientious, respectful".

At crucial moments his Professor (or Spunky Child, as I like to call him) took over and *specifically salvaged him* from being fossilized in either Script or Counterscript. To wit: He was a "good, dumb choir boy" but one day suddenly hit a nun, refused to apologize, and thus was expelled out of the children's institution he hated living in just when his mother's housing situation had improved.

A few years later, in High School, where he had reverted to "Stupid" he was expelled on another sudden outburst just after the Marines had developed a recruiting program which included High School training. (His family had refused the necessary signatures for a minor, now "had to" consent in spite of their other "plans" for him).

A similar dramatic "flunk-out" from College led to the subsidizing of psychological treatment. This has now given him the permission to knock off the Script and the above Games which were in the service of that disastrous Script.

John says that at each of these crises he was not consciously aware of manipulating; he remembers terror about the reality situation, guilt and penitence. Yet he also remembers feeling surprised, at the time, by what then

seemed "inappropriate" feelings of Triumph. These we now call: "The Professor thumbing his nose" . . . at the Witch or at the World.

This game, the payoff of which he can now identify by a special feeling of thrill inside, was "I'll Show You Yet" or "They'll be sorry they kicked me." Both these Games *look* like "Kick Me" but the payoff is different. It lies, not in being kicked, but in the Professor's secret nose-thumbing projected to the future.

These games serve, not the script, but the Episcript. They are not learned, like most other games. They are generated by the life-preserving Spunky Child in the face of terrible survival odds.

Like all games these, too, eventually become anachronistic, and interfere with ultimate capacity for intimacy. So, with treatment, if the script is thrown out, and real options become available, these games, too, can be discarded. But not before giving them a big "Thank-you" for their temporarily life-saving Episcript contribution.

Fanita English, M.S.W.
Chicago and Philadelphia

RAPID EYE MOVEMENTS IN THE WAKING STATE

Nystagmus (involuntary rapid eye movements – usually sideways) occurs in some persons under tense situations. Exciting new discoveries of rapid eye movements during sleep show important relationships to dreams, to feeling good or bad on awakening and to blood chemistry changes.

I have observed that rapid eye movements (REM – nystagmus) during the waking state indicated the person has: 1) left the now, turned off the Adult, 2) turned on a memory or fantasy, and 3) successfully interrupted or blocked his current work.

Example:

Patient: I'm looking for a job.
Therapist: Where are you looking?
Patient: (Long pause. Rapid eye movements aimed at juncture of ceiling and wall).
Therapist: Your eyes were moving sideways, left and right very rapidly, as though you were in a trance. What were you seeing inside you?
Patient: My mother throwing a show (at me), and slapping me with the back of her hand.

The patient's script is: stay with mother; you'll never amount to anything. Looking for a job violates the script, and she enters the trance. The REM is our clue.

Morris Haimowitz, Ph.D.
Chicago, Illinois

A PLAN FOR GETTING TA INTO CHURCH AND COMMUNITY

After experimenting with TA in a congregation and in a small university town for two years, here are some of the projects and results.

I. Taught TA theory for six sessions to the teachers of daily nursery school. After the theory sessions, three of the teachers and their husbands joined a TA group. Result: teachers now do a much better job of solving problems with children in the school.

II. Taught TA to 8th Grade Confirmation Class for eight sessions. At the end of the year, when asked what they remembered from a year of confirmation – PAC got the most votes. Jesus came in third!

III. Did a series of ten sermons relating TA theory to the Christian faith. Example: Looked at the story of the Good Samaritan from four TA positions.

Traveler – I'm not OK – you're OK! Traveler's script called for getting hurt!
Priest and Levite – I'm OK – you're not OK! Position of many religious folk.
Robbers – I'm not OK – you're not OK. A cops and robbers game!
Good Samaritan – I'm OK -- you're OK! The Prince!

Results: People have joined a TA group. A number of people have read *Games People Play*. A good deal of interest and conversation about the relationship between TA and the Christian faith has been stimulated!

IV. Members of the University Psychology Department have provided occasions for two all-day TA lecture and demonstrations for graduate students and six one hour lectures on TA for undergraduates. Results: several TA groups for university students have been formed. A number of graduate students and university faculty are now attending the Seminar. One marathon for university students was held.

Richard E. Chartier, B.D.
Platteville, Wisconsin

SCHIZOPHRENIA AS A FACTOR IN ADOLESCENT DRUG ABUSE

Some adolescents in mental hospitals because of drug abuse seem to be defending against the emergence of a schizophrenic Child by antisocial behavior and by withdrawal into drugs. The therapist picks up these patients by the way his protective Parent tunes in, in contrast to the 'Charmed, I'm sure' Child that responds to the sociopathic patient without underlying schizophrenia.

The Adapted Child's revenge-getting behavior in these patients masks the Natural Child's despair. Jack and the Beanstalk and Alice in Wonderland are favorite fairy tales. LSD is the preferred method of attaining the magic kingdom.

Therapy is aimed in part at coaxing out the Natural Child and giving him permission to breathe. Relaxation techniques and sensory awareness exercises are helpful. The therapist must be cautious about encouraging too much intimacy too soon, as the patient's Child is easily frightened into crazy thinking. The patient learns to experience his body and his spontaneous emotion as being his own and OK; he is then able to choose the magic of being alive in preference to the magic of drugs.

Carolyn Martin, M.A.
Long Beach, California

DISCUSSION OF PAPER ON MULTIPLE EGO STATES AS PRESENTED BY G. BUSH, 1969 SUMMER CONFERENCE

G. Bush's paper on Multiple Ego States has a sub-title: Therapeutic Play for Grown-Ups, and discusses something already known – Parent-Child collaboration in the personality. In stressing this, Bush's ideas relate to those of Schiff, who also sees more than one pair of P-C's in the schizophrenic.

To complete the picture of personality, we can bring the Adult in between the P-C pairs as a real but often disregarded presence, especially if we define the Adult as providing a reasonable standard for the self.

Bush's paper suggests an early, schizophrenic-type position in her clients, and their games, fairy tales, and decisions become clear as she works with them and has them act out life situations in play or role-playing. As therapy progresses, some gauge for measuring changes seems necessary. Breen has suggested this scale: --3, –2, – 1, 0, +1, +2, +3, a ranging to note the regression or increased health during treatment. I often ask clients what percent of the time they are OK.

As does Schiff, Bush refers to the two-year period of consolidating personality changes. The function of the therapist weighs heavily in this, especially with schizophrenics, and Bush shows a strong Parent and Adult, but calls upon an assistant therapist to help with Child transactions.

The use of Monikers by Bush's clients suggest strong Child programming, and is similar to Freitag's discussion in his book *Four Letter Word Games.* He refers to the great power of words, and the child's view of curses, magic spells, incantations, and name which personify the individual.

Melvin Boyce
Mill Valley, California

TA AND CHILDREN

My experience with children 10 to 12 years old in therapy and in classes has impressed me with their ability to grasp PAC, transactions, and games. TA is pragmatic, and so are children, so they can readily deal with behavior in those terms. After only two class sessions last summer two boys (J.S. and G.B.) developed this formula for dealing with troublesome people:

1. *Understand them* – that is, know about their PAC, games, and positions;
2. *Get them interested in something new* – namely, more constructive activities and transactions which will be positive experiences;
3. *Make sure they are successful* – their experiences will then lead them to make new decisions;
4. Go away and leave them on their own.

Melvin Boyce
Mill Valley, California

*

TA STUDY GROUP AT HOLY CROSS ABBEY

At Holy Cross Abbey, Berryville, Virginia, there is in progress a TA Study Group of eleven monks who have earlier had a 101 Seminar at the Abbey under the direction of Mrs. Jacqui Lee Schiff of Fredericksburg. Interest in TA arose from the monastery's self-study program, and continues to grow in depth and in extent: in depth, by an assistantship in residence at Fredericksburg by a priest-monk from the Abbey and by participation in the Thursday 202 Seminars in Washington by another priest-monk currently in a doctoral program in theology and biblical languages at the Catholic University of America, Washington; in extent, through a second 101 Seminar which Mrs. Schiff will conduct at the monastery in October for other members of the community, and a third Seminar in November for still others so the greater number of monks will have had a 101 Seminar before the end of this year.

Holy Cross Abbey is a community of monks of the Cistercian Order, commonly called Trappists; they have found TA of considerable value in their self-study program and have had interested inquiries from other abbeys of their Order. The Study Group presently functioning at the Abbey is loosely-structured and during its weekly meetings attempts to apply TA to various facets of personal interest in the monastic life, most specifically, current interpersonal relationships; outside the weekly meetings, members of the Study Group continue to study the writings of Doctors Berne and Harris.

LETTER TO THE EDITOR: REALITY THERAPY HAS A PLACE IN TA

Dear Sir:

When a patient comes to a therapist for help with a problem, there is the "handle" for treatment: what the patient wants to do something about. If a person doesn't see a problem and therefore doesn't want to do anything about it we ordinarily consider he is not appropriate for treatment. The difficulty comes with patients who have decided to settle for the solution of living their lives at the state hospital. There are many – probably the great majority in a state mental hospital at any time – who have made this decision and who strongly resist all efforts to motivate them, to hook their Adult to get something better for their Child.

I believe it is the responsibility of staff in these cases to make great efforts to hook the Adult of their patients, for the most rewarding life comes only to those who use their Adult. However, in those many instances in which we are not successful in hooking the Adult, the patient is saying, in effect, "I am going to play the role of a child, refuse to live in society as a responsible person, and force others – in this case the state – to take care of me (give me three squares and a bed)"; I believe the most reasonable response to this is "As an irresponsible child you need a parent who will teach you – and not allow you to escape learning, however hard you try – responsible ways of behaving which will bring you the greater rewards of living a responsible life outside the hospital." It is the state's role, then, to play the parent and teach responsible behavior, which necessitates requiring a change to responsible attitudes, and therefore may be considered brainwashing.

William Glasser's book *Reality Therapy* outlines this parental approach. While maintaining an "I care for you" attitude the therapist recognizes no rights or privileges of the patient until he has earned them by displaying responsible behavior – carefully graded levels of behavior, including especially attitudes, having been coordinated with privileges to be earned. It seems like putting the patient in a very uncomfortable box with all sides closed but one, the path toward a fully responsible life. At all times high expectations are maintained, the patient is encouraged to take each new step toward responsibility, and the reality of his present behavior in light of the one way he is expected to move is constantly examined. Incidentally, Glasser defines responsibility as the ability to fill one's needs (to love and be loved and to be worthwhile) without interfering with another person's filling his needs.

It seems to me that this playing of the parental role fits in with TA theory, filling a gap in the applicability of TA where it is badly needed.

Nancy Radeloff
Carpentersville, Illinois

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*

REMARKS FROM THE PAST PRESIDENT

I am now leaving office after four years as ITAA President, In that time I saw it prosper and grow from 11 to 40 affiliates, 19 of which I started or helped start. Among the most recent additions are study groups in West Hartford, Connecticut, Hastings, Nebraska, and Lafayette, Indiana.

The ITAA went through the usual trials and tribulations caused by the growing pains of a scientific society. I am thankful and gratified for the many friends I made while in office, and grateful to those who offered to help, especially for the Summer Conferences. I couldn't have done the job the way I did without Gwen McEwen, to whom go my heartfelt thanks for superior performance.

The Board made a wise choice in electing Ken Everts, who I am sure will make an excellent President.

TRANSACTIONAL ANALYSIS BULLETIN

Volume 8, Nos. 29-32

SUBJECT INDEX

Adolescence 62, 104
Alcoholics 78f, 92f, 96ff
Annual Meeting 83
APA Meeting 24, 44
Basic Value standard 7f
Behavior, non-verbal 41
Book review 24
Books, new 28, 42, 83
Case histories 48
Cathexis 55, 73f
Center Circle, the 42
Clergymen 94
Communication, sexual 32
Contamination 58, 102
Contracts 1f, 29ff, 46, 89, 93, 95, 103
Conversion hysteria 103
Delinquents 31, 104f
Developmental stages 59ff, 85
Diagrams
  game moves 3
  nomenclature 111
  reparenting 73
  structural 2, 73, 111
Drama triangle 6, 95, 99
Education, ghetto 40, 103
Educational Activities 44
Ego states 2, 31, 41, 53ff, 84, 86, 100ff
  second order structure 37f, 111
Encounterer, the 40
Esthetic standards 8
Executive Congress, 1969 28
Family therapy 24, 86f
Folklore 77, 101
Games 3ff, 32, 34ff, 42, 77, 96, 99f, 102, 104f
  formal analysis 3f, 35f
Gestalt 90, 92, 101
Group treatment 29f
Index, Volume 7 9f
Infant mortality rate 7f
Interventions 40, 94
I.T.A.A.
  clinical requirements 107ff
Judo 89f
Latency 61
List of Members, 1969 12ff
Magic 77f, 101
Marathons 39, 91f
News from Branches 25, 42f
Nomenclature 111
Nurses 99
Operant conditioning 26, 103
Organizational News 28, 83
Paranoia 55
Payoffs 32
Permission 56ff, 84f, 88
  permission classes 91
Physiology 6
Play therapy 102
Poem 27
Positions 34, 39, 80, 98
Programming 38
Protection 94
Psychotherapy
  initial session 1
Regression 47ff
Reinforcement 73
Protection 69
Psychoanalysis 43
Schizophrenia 38, 84ff
  catatonics 56
  discounting 85
  hebephrenia 56, 72f, 85f
  paranoia 55
  patient autobiographies 64f
  personality structure 72ff
  reparenting (special issue) 45-75
Scripts 36, 39, 48, 62, 70, 77ff, 84, 87, 89, 92, 106
  counterscript 59, 77ff, 106f
  episcript 77ff
  hamartic 77ff
  injunctions 77ff, 101

Seasonal thoughts 8, 33, 75
Selection 57f
Stroking 6, 33, 34, 54, 61, 92, 98
  touching 52ff, 89ff, 102
Summer Conference, 1969 28, 75, 83
  proceedings 84ff
Therapists
  training 91, 107
Trading stamps 2, 39
Transactional analysis
  adolescents 39
  children 1f, 98
  in junior colleges 40, 103
  in singles groups 105f
  pastoral counseling 94
  with delinquents 37, 104
Transactions 86
  gallows 79, 93, 97, 105
Transference 63
Treatment
  homogeneous grouping 93
  in hospitals 67f
  residential facilities 47ff
Writing techniques 88

TRANSACTIONAL ANALYSIS BULLETIN

Volume 8, Nos. 29-32

NAME INDEX

Allen, J. 26
Berne, E. 25, 37, 43f, 88
Bleuler, E. 75
Boyce, M. 25, 83
Brodsky, S. 42
Brubaker, L. 107
Bush, G. 101
Callaghan, V. 84
Campos, L. 83, 101
Capers, H. 6
Cassidy, W. 29
Cassius, J. 89
Chartier, R. 39, 43
Cheney, W. 43, 103
Christy, J. 48
Collins, W.J. 42, 84, 91
Cooper, J. 86, 91
Cottington, F. 92
D'Angelo, A. 11
Dusay, J. 25, 44, 83, 86, 91
Edwards, F. 83
English, F. 77, 112
Ernst, F. 40
Everts, K. 83
Fagan, J. 32
Faulkner, T. 48
Freed, A.M. 100
George (orphan) 4
Groder, M. 35, 42, 92, 97
Haiberg, G. 86
Haimowitz, M.L. 26, 28
Haimowitz, N. 28
Hall, N. 88
Harris, T.A. 83, 88
Hart, M. 27
Hermann, H.T. 43
Hess, W. 94
Holland, G.A. 37
Horewitz, J. 24
James, M. 1, 25, 83, 91, 94, 112
Johns, H.D. 94
Johnson, L.M. 31
Jongeward, D. 83, 86, 112
Jurasky, J.A. 33
Karpman, S. 6, 89, 95, 99
Keohane, T. 42

Kupfer, D. 11, 83, 91, 107
Lee, R. 95
Levin, P. 99
McCormick, P. 104
Mannel, S. 25, 44
Matson, V. 94, 112
Nietzsche, F. 8
O'Leary, W.M. 3
Osnes, R. 94
Paul 84
Parker, P. 107
Piehl, W. 98
Poindexter, W.R. 25, 43, 91
Samuels, S. 89
Schiff, A. 72, 83, 84
Schiff, Elizabeth 84
Schiff, Eric 84
Schiff, J. 45ff, 84
Schiff, L. 84
Selinger, Z. 106
Steere, D. 83
Steiner, C. 25, 26, 29, 44, 83, 88, 91, 96
Steiner, U. 43
Taylor, J.C. 83
Twomey, J.F. 41, 42
Weiss, J.B. 6
White, J.D. 40, 83, 103, 105
White, T. 40
Zechnich, R. 3, 25, 28, 34, 44, 89, 92

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ORGANIZATIONAL NEWS

NEW LOCATION OF HEADQUARTERS OFFICE

The ITAA is now operating from its new headquarters office at 3155 College Avenue, Berkeley, California 94705 (Telephone (415) 653-1420), under the direction of President Kenneth Everts, M.D. and the new Executive Secretary, Mr. Ken Ernst. Transactional Pubs has also been moved to the Berkeley office.

OUTGOING PRESIDENT STARTS STUDY GROUPS

Our outgoing President, David Kupfer, just completed a tour through Tennessee, Maryland, Nebraska, Minnesota, Iowa, Kentucky, Connecticut and Wisconsin, where he taught introductory courses, consulted, held workshops and marathons. He started study groups in Louisville, Kentucky, Farmington, Connecticut, and at the Marshfield Clinic in Wisconsin.

He was interviewed by various news media, and among them, spent three hours on a radio talk show.

TRANSACTIONAL ANALYSIS BULLETIN
International Transactional Analysis Association
A Non-Profit Educational Corporation

contents

january, 1970 *volume 9* *number 33*

An Improvement Scale M. Breen 1

Some More Therapist "Types" D.E. Kemp 2

Freud on the "Gallows Transaction" D. Steere 3

The Game of "Nobody Understands Me" A.E. Uecker 5

Chicken Little: A Game for Group Playing A.G. Burstein 7

Freemasonry – A Good Game L.L. Lewis 10

Brief Communications 13

Letter to the Editor 19

Directory of Affiliates 20

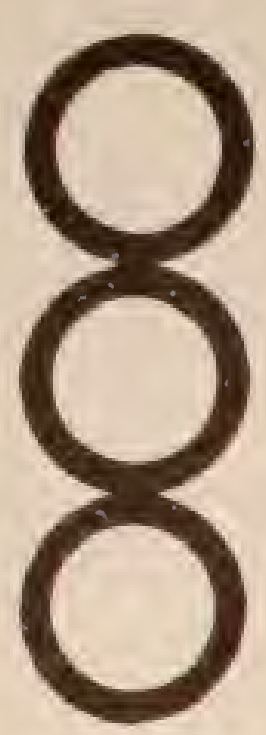
Index to Volume VIII 24

Geographical List of Members 27

TRANSACTIONAL ANALYSIS BULLETIN

Published by the International Transactional Analysis Association Berkeley, California

april 1970 *volume 9* *number 34*



TRANSACTIONAL ANALYSIS BULLETIN

International Transactional Analysis Association
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volume 9
number 34
april 1970

Eric Berne, M.D., Consulting Editor
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The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its affiliates. All classes of membership in the Association include a subscription to the Bulletin. For institutions and libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and inquiries should be addressed to Transactional Analysis Bulletin, 3155 College Avenue, Berkeley, California 94705.
Papers, clinical notes, news items, and letters should be addressed to the Editor at the above address. They should be legibly typewritten, double-spaced, on opaque paper with wide margins.

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THE LAW AND ORDER GAME

*THOMAS L. SHAFFER**

". . . a moral planet
Tamed by terror."
W. H. Auden

Law and order is a game. Not in the monopoly-pinochle sense, but in the transactional sense—the sense in which Eric Berne analyzed the way people talk to one another in *Games People Play*. The difference between the *Law and Order Game* and the games people play is that the *Law and Order Game* takes place between cultures—societies; they occupy the place Berne assigns to individual psychic transactions. The *Law and Order Game* is a game societies play.

Using societies instead of people in games has an initial difficulty in that societies do not communicate as equals. But they do engage in complementary transactions, the difference being that one society has a monopoly on force. The subordinate society's advantage is a sort of natural cohesion; it *functions* well and that, rather than the management of force, is usually its playing strength. Some of the complementary players of the *Law and Order Game* are:

White Community - Black Community
College Administration - Student Power Group
City Government - Ghetto
Warden - Prisoners

Each of the players inhabits roles which correspond to Berne's Parent-Adult-Child roles. The difference is that the roles are not equal—the subordinate society's Parent role is not equal to the dominant society's Parent role; it is merely complementary.

The dominant society's Parent role is characterized (but not exhausted) by the administration of justice. As Parent, the dominant society presides over the law seen as process, rather than force; the idea was memorably expressed to me when I was admitted to the Bar and heard Frederick Lewis, then Chief Justice of the Indiana Supreme Court, say that "the difference between a debate and an alley fight is law." Law is an alternative to chaos which goes beyond force; it (1) imposes peace (temporarily) by force, (2) decides the dispute which precipitated the breach of peace, and (3) makes its decision within quantitative limits *(de minimus non*

*With thanks to my colleague, Professor Robert E. Rodes, Jr.

curat lex; statutes of lmitation) and non-qualitative limits *(stare decisis;* the Bill of Rights). (4) It then maintains its decisions—sometimes by threat of force but more often by an appeal to fairness.

The dominant society in this role is the REALM. Its historical mode is probably Henry II sending out the royal justices to administer justice. They were told to act within narrow limits (the King's Peace); they developed qualitative limits (Magna Carta; equity); and they used as their substantative law the customs of the people (the common law).

The dominant society's Adult role is at least as benign as its Parent role and considerably more social. As Adult the dominant society uses its power as COMMONWEALTH. It is concerned with the social and economic welfare of its members—from the maintenance of a post office to the War on Poverty; from the Emancipation Proclamation to the civil rights acts of the Sixties. It relates to subordinate societies within itself as the objects of collective petitions for redress.

The dominant society's Child role is characterized by the relatively unsophisticated use of power. This power is used to control individuals and to intimidate groups. In this role the dominant society is COP (although it may think of itself as peacekeeper). The COP society imposes collective force and does it effectively by making resort to individual or subordinate-society force too expensive. It is this dominant-society role which Sigmund Freud saw as the beginning and essence of civilization:

> Human life in communities only becomes possible when a number of men unite together in strength superior to any single individual and remain united against all single individuals. The strength of this united body is then opposed as 'Right' against the strength of any individual, which is condemned as 'brute force'. This substitution of the power of a united number for the power of a single man is the decisive step towards civilization. The essence of it lies in the circumstance that the members of the community have restricted their possibilities of gratification, whereas the individual recognized no such restrictions.

The dominant society's three game roles then look something like this:

REALM (Parent)
COMMONWEALTH (Adult)
COP (Child)

Where the dominant society is relatively artificial (a "state" in Jacques Maritain's sense of a community which is also a government), the subordinate societies within it are relatively more "natural" and relatively more functional. Since these subordinate societies lack force, or at least enjoy only relatively minor force, their functional survival is a matter of sticking together. Some examples are guilds, labor unions, geographically concise ethnic minorities, and small regional groups. The most prominent subordinate societies today are probably groups of unruly college students and the Black Community. They seem to me to occupy the place held by labor unions thirty years ago, and by family farmers sixty years ago.

The subordinate society's Adult role is complementary to the dominant society as COMMONWEALTH. In this role the subordinate society presents its complaints; the Black Community's century-old appeal for equality is an example which is as recent as it is ancient. In this role, the subordinate society is MINORITY (Adult). An example of a subordinate society as MINORITY, from the Koerner Report, is the way things were in Newark before the 1967 summer disturbance:

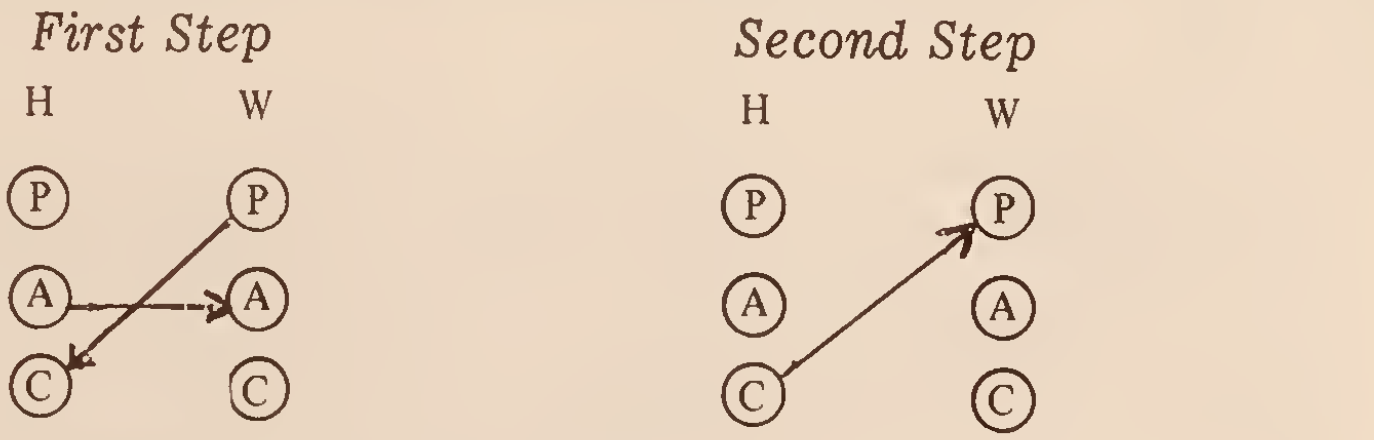
> Negro leaders had for several months voiced strong opposition to a proposed medical-dental center to be built on 150 acres of land in the predominantly Negro Central Ward. The dispute centered mainly around the lack of relocation provisions for those who would be displaced by the medical center. The issue became extremely volatile in late May when public "blight hearings" were held regarding the land to be condemned: the hearings became a public forum in which many residents spoke against the proposed center. The city did not change its plan.

Students who want to work on curriculum revision, or publish their own newspaper, are MINORITY (Adult). The appeal of the MINORITY may concentrate on *its* pitiable circumstances (Ralph Ellison, Richard Wright), but it may also suggest mutual advantage (James Baldwin, Langston Hughes). Its essence is probably a request for help characterized by some confidence of getting help without undue turmoil.

When the subordinate society concentrates more on the dominant society—on, say, its conscience, or its economic self interest—it is in a Parent role; in the *Law and Order Game* the Parent role of the natural society is MOVEMENT. The late Dr. Martin Luther King, Jr. is an example of a leader of the MOVEMENT (Parent), ap-

pealing to the conscience of the dominant society but at the same time bringing to bear upon it whatever pressures he could peacefully command. (Dr. King's model, Mohandas Gandhi, is an earlier example in a different but analogous dominant society.)

The subordinate society may of course take a more militant role. It may use or threaten violence; it may take a Child's role. In this role it is a GANG (Child) rather than a MOVEMENT (Parent). The point at which the role changes is of some tangential interest. I am inclined to believe that the subordinate society changes from a MOVEMENT to a GANG because of the response it receives from the dominant society. This is the peaceful result of a crossed transaction. In Berne's prototype, Husband asks "Where are my cuff links?", and Wife answers "Why don't you take care of your things". If Husband then answers "You're right, I should", *Uproar* is avoided in favor of a new, complementary transaction:



The same thing happens between societies:

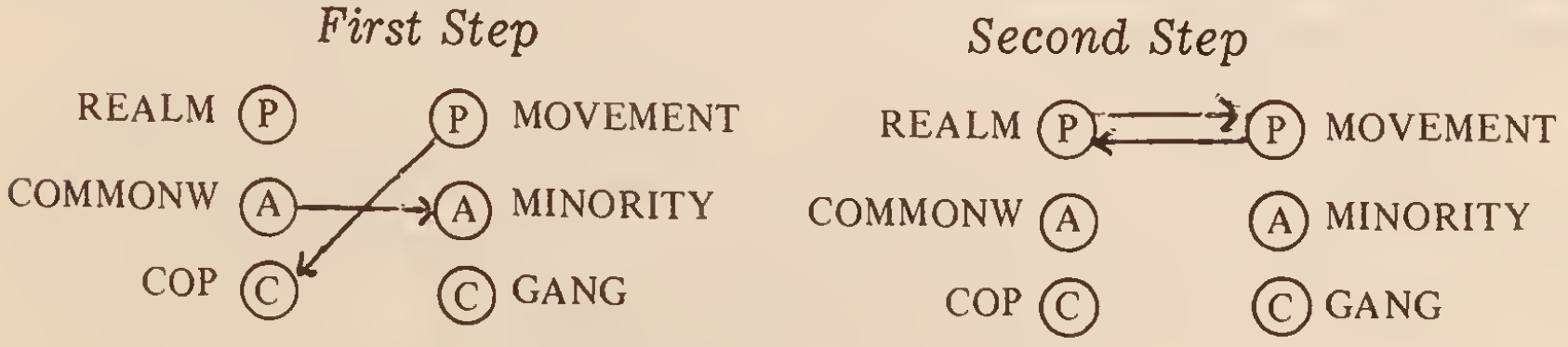
First Step

Dominant-COMMONWEALTH: "We must live together as brothers."
Subordinate-MOVEMENT: "Okay, but first get these cops off our backs."

Second Step

Dominant-REALM: "We will discipine officers who misuse their authority."

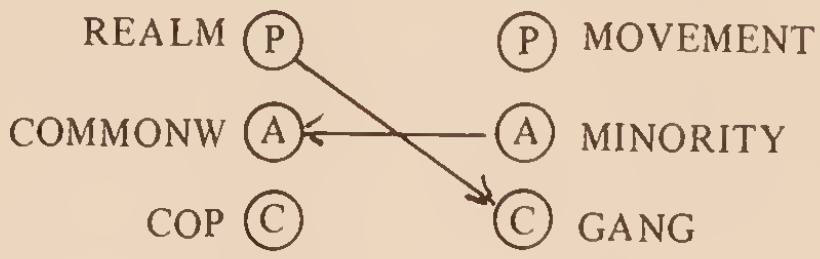
That diagrams like this:



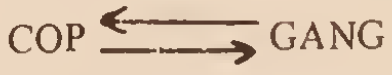
As in Berne's prototype, communication can continue because one side has accepted—instituted, even—a realigned trans-

action. Not all results of socially-crossed transactions are so happy. The result may be *Riot* or *Jungle,* which is the social equivalent of Berne's *Uproar.*

The transaction may be crossed by the dominant society too; then the subordinate society may change from MOVEMENT to GANG. In Newark before the 1967 riots, for instance, a group of black citizens picketed grocery stores which sold spoiled meat. The police responded by arresting them. We know how the more volatile elements of the Black Community reacted to the police response. The MINORITY became a GANG. But, at least in this instance, it did so because its MINORITY-COMMONWEALTH stimulus met with a REALM-GANG response which crossed the transaction like this:



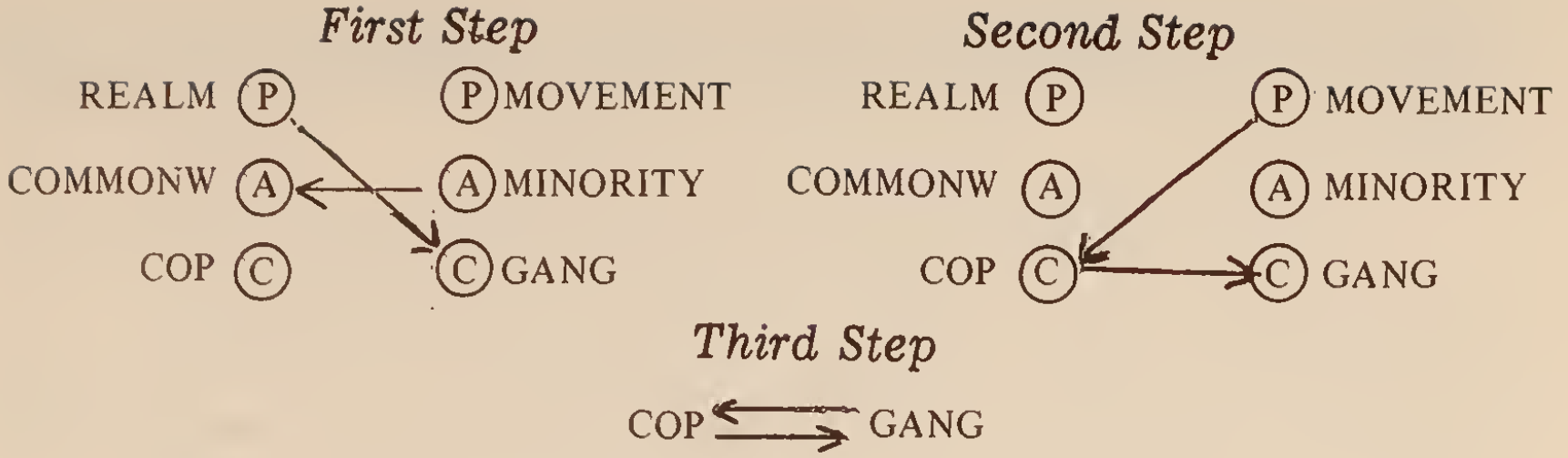
And then, unfortunately, *Uproar*:



That process can move one step at a time. The point at which the MINORITY becomes a MOVEMENT may also be the result of the response of the dominant community. In another city, before the 1967 riots:

> Typically, in Cincinnati two months prior to the disturbance, approximately 200 representatives (mostly Negroes) of the inner-city community councils sought to appear before the city council to request summer recreation funds. The council permitted only one person from the group to speak, and then only briefly, on the ground that the group had not followed the proper procedure for placing the issue on the agenda.

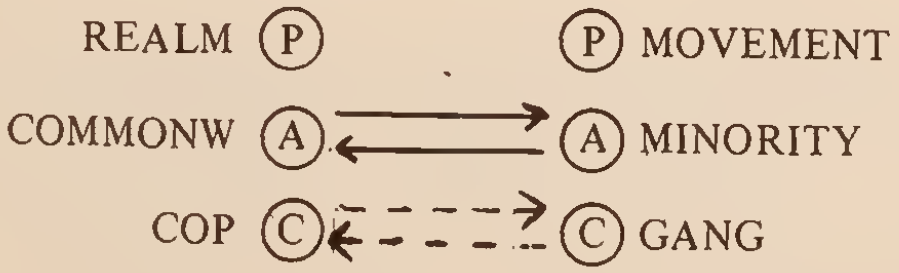
The citizens resorted to stronger pressure—MOVEMENT pressure—which increased the danger that its MOVEMENT pressure would become GANG violence, which it did. (This is analogous to the way some schizophrenics, according to Berne, first try to be r e a s o n a b l e (Adult); when that doesn't work against outside (Parental) pressures, they themselves become Parental; when that fails, the Child breaks through in confusion and desperation, sometimes violently. E.B.) In the *Law and Order Game,* this sequence goes like this:



The process is illustrated by a consideration of the persons who are in the subordinate society. Here is a profile of a typical 1967 rioter in Newark:

> Respondents in the Newark survey were asked about relatively simple items of political information, such as the race of prominent local and national political figures. In general, the self-reported rioters were much better informed than the noninvolved. For example, self-reported rioters were more likely to know that one of the 1966 Newark mayoral candidates was a Negro. Of the rioters, 77.1 per cent identified him correctly whereas only 61.6 per cent of the noninvolved did so. The overall scores on a series of similar questions also reflect the self-reported rioters' higher levels of information.
>
> Self-reported rioters were also more likely to be involved in activities associated with Negro rights. At the most basic level of political participation, they were more likely than the noninvolved to talk frequently about Negro rights. In the Newark survey, 53.8 percent of the self-reported rioters, but only 34.9 per cent of the noninvolved said that they talked about Negro rights nearly every day.

The *Law and Order Game* is usually an apparent transaction between the COMMONWEALTH and the MINORITY accompanied by an ulterior transaction between the COP and the GANG. This is the way the game looks:



Detroit, two years prior to the 1967 riots, was described by Judge George Edwards (a former Detroit police commissioner), as follows:

> Although local police forces generally regard themselves as public servants with the responsibility of maintaining law and order, they tend to minimize this attitude when they are patrolling areas that are heavily populated with Negro citizens. There, they tend to view each person on the streets as a potential criminal or enemy, and all too often that attitude is reciprocated. Indeed, hostility between the Negro communities in our large cities and the police departments is the major problem in law enforcement in theis decade. It has been a major cause of all recent race riots.

A broader example was worked out in the Koerner Report's national model of the 1967 riots; here are items "2" through "5" of the Report's "patterns of disorder":

> While the civil disorders of 1967 were racial in character, they were not interracial. The 1967 disorders, as well as earlier disorders of the recent period, involved action within Negro neighborhoods against symbols of white American society—authority and property—rather than against white persons.
>
> Despite extremist rhetoric, there was no attempt to subvert the social order of the United States. Instead, most of these who attacked white authority and property seemed to be demanding fuller participation in the social order and the material benefits enjoyed by the vast majority of American citizens.
>
> Disorder did not typically erupt without pre-existing causes, as a result of a single "triggering" or "precipitating" incident. Instead, it developed out of an increasingly disturbed social atmosphere, in which typically a series of tension-heightening incidents over a period of weeks or months became linked in the minds of many in the Negro community with a shared network of underlying grievances.
>
> There was, typically, a complex relationship between the series of incidents and the underlying grievances. For example, grievances about allegedly abusive police practices, unemployment and underemployment, housing and other conditions in the ghetto, were often aggravated in the minds of many Negroes by incidents involving the police, or the inaction of municipal authorities on Negro complaints about police action, unemployment, inadequate housing or other conditions. When grievance-related incidents recurred and rising tensions were not satisfac-

> torily resolved, a cumulative process took place in which prior incidents were readily recalled and grievances reinforced. At some point in the mounting tension, a further incident—in itself often routine or even trivial—became the breaking point, and tension spilled into violence.

It is important to notice that the MINORITY-COMMONWEALTH apparent transactions continued even during the violence:

> Negotiations between Negroes and white officials occurred during virtually all the disorders surveyed. The negotiations often involved young, militant Negroes as well as older, established leaders. Despite a setting of chaos and disorder, negotiations in many cases involved discussion of underlying grievances as well as the handling of the disorder by control authorities.

And it is depressing to note that, even after violent disorder, the game went on:

> In the immediate aftermath of disorder, the status quo of daily life before the disorder was generally quickly restored. Yet, despite notable public and private efforts, little basic change took place in the conditions underlying the disorder. In some cases, the result was increased distrust between blacks and whites, diminished interracial communication, and growth of Negro and white extremist groups.

All of this from the Koerner Report is a species of the *Law and Order Game;* I would call it the game of *Ghetto*. There are severa other species. *S.D.S.* is an example, in which the transactions look like this:

MINORITY: "Stop the war!"
COMMONWEALTH: "Every opinion has its place in the University."
GANG: "You can't go in."
COP: "You have 15 minutes to leave."

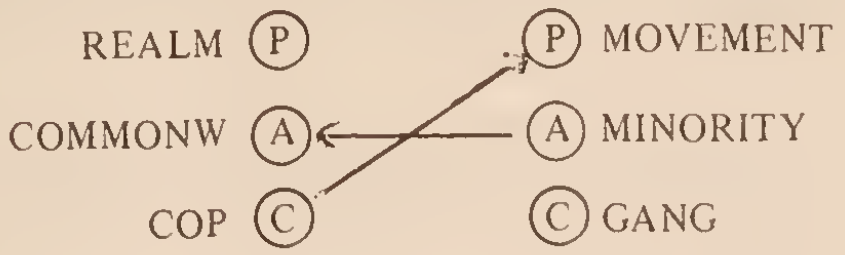
Another species (often involving the same natural-society players) is *Fort Lauderdale:*

Apparent-MINORITY: "We're just looking for fun."
Apparent-COMMONWEALTH: "We have a quiet community here."
Ulterior: (Relatively wordless).

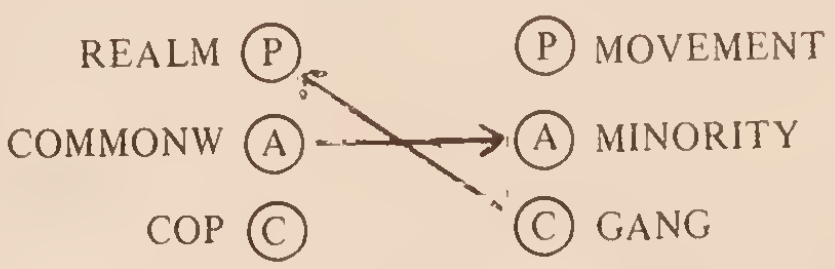
And another is *Chicago:*

Apparent-MINORITY: "The Democratic party has sold out."
Apparent-COMMONWEALTH: "We must have law and order."
Ulterior-GANG: "Pig!"
Ulterior-COP: (Crunch)

Law and Order is not necessarily a third-degree game. (Third-degree games end in morgues, hospital emergency rooms, or jails.) Third-degree games result from crossed transactions. But *Law and Order* can be a crossed transaction and can become a third-degree game. It may involve what Judge Edwards predicted in Detroit:



This is the crossed transaction I call *Riot.* There is a similar crossed transaction, called *Jungle,* which looks like this:



In either case the result is the social equivalent of *Uproar:*

And there is nothing ulterior about it.

The difference between *Riot* and *Jungle* is this: In *Riot,* the crossing response, which stops communication and precipitates *Uproar,* comes from the dominant society. In *Jungle,* the crossing responses comes from the subordinate society. The disturbances during both 1968 political conventions were *Riot.* Much of the violence on campuses this year was *Jungle.*

There is a difference in the result of these two crossed transactions. *Riot* tends to accelerate the force available to the dominant society as COP. The dominant society becomes more repressive. It may become so repressive that it tends toward what Erving Goffman calls a total institution—his examples being prisons and mental hospitals. When that happens, the subordinate society expands, some-

times so much that every member of the community joins the subordinate society. This is probably true in brutal prisons; it was probably true of World War II concentration camps. It produces a curious community in which every member of the community leads two lives—in one of which he conforms (makes a "primary adjustment", in Goffman's analysis) and in the other, simultaneously, he rebels ("secondary adjustment").

The point may not be so tangential as it seems to the *Law and Order Game;* it illustrates the tendency of stern anti-riot legislation and of get-tough manifestos from local government and from university administrations. Perhaps its relevance is best illustrated by the reflection that there were very few civil disorders in Nazi Germany.

Jungle ends differently because, in *Jungle,* the subordinate society's resort to force pays off. It gets what it wants by the use of disorder. The result is not a total society; it is, instead—well, a jungle.

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TRANSACTIONAL ANALYSIS OF WITCH MESSAGES

*LEONARD P. CAMPOS, PH.D.**

A fundamental premise of transactional analysis (TA) theory is that you have three selves or "ego states": a Parent (P), an Adult (A), and Child (C) ego state. The C of any person's parent communicates "injunctions" to the growing-up child (which remains in the C of the grownup), which may be unhealthy for the child's growth. My observation of normal and disturbed adults in treatment suggests that when they were children, transactions with parents were governed by the child's belief in the magical (witch) power of the parent. Steiner (1969) and others have pointed out that parents who seem reasonable and pleasant to our adult perceptions can be perceived by their children as witches or ogres.

My examination of primitive families (Campos, 1969) and American families of the traditional authoritarian kind (Campos, 1970) reveals a strong belief in witchcraft or the attribution of power to someone who uses it to influence, change, or transform the individual in some way. I think this comes out of the kinds of transactions between parents and their children. Parents use their authority to gain control by conveying messages to their children that they have power of a magical kind which they can wield over the powerless child (James & Jongeward, 1969). In my study of the traditional Spanish-American (SA) family, I find that the parents use the "stern glance" to discipline offspring. The C in the SA adult is then programmed with the belief in the power of such a glance to determine health or sickness. It becomes the "evil eye" or *mal ojo*. The C in an adult will also set up transactions which are designed (magically) to give power to another person to assume responsibility for him, control him, or heal him (this is found in transactional games of the "Do Me Something—I'm Only Trying To Help You" variety).

My earlier analysis of "bewitchment" as practiced by nonliterate cultures and latter-day faith healers (Campos, 1969) led to the following inferences:

1. TA treatment provides an opportunity for bringing the C of the client to the surface.

2. The C still believes in magic. This magical thinking is expressed in a variety of ways: (a) feelings by clients that they are

being mysteriously "brainwashed" or "hypnotized" by the therapist in some way: (b) the expectation that somehow a "Santa Claus" will bring them what they want without their having to do anything to attain it; (c) superstitiousness in the way clients look at cause-effect relationships; (d) "magic wand" fantasies—attempting to change the unchangeable, such as mom-and-dad's hangups; and (e) magical rescue fantasies—e.g., by staying sick, the C will somehow get mom's love at last.

3. Parental messages, from the C of the parent, program the C of the growing child. Within the C ego state, the conflict between the security attained from adapting to parent needs and need for freedom creates a state of "tension" within the C that gets resolved by "giving in" or "giving up" to the comfort or familiarity of the programmed witch messages.

4. The C attributes great power to the parent ("witch power") to which it acquiesces in early life choices.

5. Parental messages from the C of the parent, when communicated with condemnation, carry the power of a "curse".

6. TA treatment can serve to break the spell of this curse upon the child.

It can be shown that to the C in a client, parental injunctions have a power and malignancy of supernatural witchcraft and often are received as "curses" by the child. They are called witch messages because they are communicated from the C of the parent below the parent's A awareness and contradict the constructive messages from the P of the parent. Hence, from the P of the parent, a child may be enjoined to grow up, but from the C of the parent comes the witchy message, "Don't (please)".

Witch messages often take the form of prohibition injunctions: "Don't be (exist)"; "Don't be yourself (a man, a woman, sexy, etc.)"; "Don't grow up"; "Don't make it (succeed)"; "Don't enjoy"; "Don't feel"; and "Don't think". Simply put, the aim of a witch message is to *not allow* the C of a person to be free to make his own decisions about how to live his life because such autonomy or permission to have freedom of choice is perceived as a threat to the survival of the C in the parent in some way. Thus, in the parental injunction, "Don't grow up", some threat or deprivation is felt by the C of the parent should the child grow up, i.e., feelings of isolation, desertion, or abandonment. As a security measure, the witch

message is programmed into the child. It is a gallows transaction in that by obeying the parental injunction, the individual engages in behavior or plays transactional games with others for the purpose of getting strokes to please the witch mother. English (1969) calls it the *Hot Potato Game* in that the C in the parent wishing to avoid a tragic life-script outcome does so by passing on the curse to the child with the message: "I will suffer unless you are sacrificed to me." Securing need satisfaction for the C of the parent sacrifices the child's own needs. According to English, the basic message transmitted by the C of the parent to the child is, "I bewitch you, to dewitch me". Basic threats communicated to the child by the C of the parent (often in alliance with the P of the parent) are: threat of death over the child ("obey or die"); threat of abandonment; threat of loss of love; and threat of disapproval.

The witch messages are motivated by the wants and and feelings of the C of the parent. Thus, for "Don't be (kill yourself)", the C of the parent says, in effect, "If you do, you'll threaten *my* survival!". For "Don't grow up", it might be "I'll feel abandoned (I don't want to be left alone)". For "Don't make it", it might be "If you do, *I'll* feel inferior". The jealous C of a parent may communicate the message "Don't enjoy" with "If *I* don't enjoy, why should you?".

In treatment, the therapist identified these "crazy" witch messages by proffering educated guesses, fantasies or hunches. The client is always the final judge of the validity of these inferences. Since injunctions are often communicated through the non-verbal responses of discomfort or anxiety in the C of the parent or in subtle signals of approval and disapproval, the client may not initially recognize the witch messages. With increased awareness he soon learns to identify them and validate them.

Three clinical examples are cited here to demonstrate how the C in clients still believes in witchcraft:

Case No. 1

Bob is a 16-year-old delinquent and methamphetamine user, with a history of runaway from home and escape from institutions. He is currently living at home with arthritic mother who twice married and divorced his quick-tempered, alcoholic father. Throughout his childhood he was caught up in the marital hassles of his parents. His father removed the child from the mother's home during periods of separation when he was

aged three, nine and eleven, and he identified his father as the "villain" in his life drama. He was subjected to mother's fears of father's belligerence as she fled from home at night with the child. He has had asthmatic attacks since he was six, and, over the past few years, has been on tranquilizers for a "nervous condition".

Treatment Contract: "I want to stop being nervous all the time." Bob was involved in 15 hour-and-a-half TA group treatment sessions in a Youth Authority institution for delinquent boys before release to parole. A principal witch message came from the C of mother: "I'm scared (for your safety), RUN." Father meanwhile provided Bob with the program for his life course: through his own running away from life problems in alcoholism, he showed Bob how to run.

In treatment[1], the C of Bob was surfaced and with it many early memories of his desperate need to hide and terror of his father's aggressiveness. Running became equated with feeling safe and protected in his mother's arms. Even overtly, she would say to Bob on one of her visits: "If you must continue to run, that's OK by me, if that's what you want. You'll get caught anyway and be put back in the YA—at least then, you'll be safe." Actually, Bob's running fulfilled the safety needs of the C in mother. When confronted with the decision to not run anymore, Bob would feel the old desperation, the terror of incipient danger.

When confronted in treatment by the critical moment of decision to change, patients—like Bob—tend to regress to a position of non-change or non-decision. In TA language, this is a "cop-out" of the C who is still complying with the witch message. Confronting such cop-outs helps to validate the analysis of the witch message.

Case No. 2

Mary is a 29-year-old woman unhappy in her marriage. Her husband, an optometrist, invested his money in projects without including her in his planning or communicating wth her about his plans, so she reported. This left her with the feeling in her C that, "Nobody ever listens to me" (communicated inaudibly). In a TA marathon, she reported that her mom did not listen to her feelings, especially during her early rivalry over possessions with her younger brothers. She came to treatment feeling guilty whenever she wanted to do what she wanted. A principal witch message read: "Don't want for yourself".

1. Co-therapist was Paul McCormick.

Treatment Contract: "I want to do what I want without feeling guilty". Whenever Mary was about to make a decision based on her wants, she would sense some incipient terrible consequence. As it turned out, mom had communicated the premise (couched in a parental slogan): "You make your bed, you lie in it." Mom, in a sense, predicted for the daughter what would happen to her. Mary expressed this by stating she felt that whatever happened to mom, would happen to her (mom had made an initial poor marital choice and ended up with several divorces). Metaphorically speaking, mom had given her a "witch's broom" to ride on throughout her life. As my co-therapist[2] stated, her C was out to prove she was as good a witch as mom.

In working towards the critical moment of decision to give up this "witch's curse", the following series of transactions were exchanged between co-therapists and client and illustrates again the C's cop-out to the witch mother:

C: I want to make a decision—but I don't believe just by doing that, I will make it come true.
T: You said you wanted to make a decision. OK. When?
C: Now.
T: OK, what's your decision?
C: I can't.
T: Can't or won't?
C: Won't.
T: So again you settle for less than what you want for you. How come?
C: I'm scared.

The cop-out of her frightened C indicates how terrible her C believes the consequences would be to her if she should assert her adult autonomy. Her reluctance to throw away her "witch's broom" at this point is the C's avoidance of the decision to change. This cop-out served so that she could hold on to old failure feelings, so that she could feel not allowed to want for herself, and so that she could continue to find people who would not listen to her. After being helped through the terror-associated moment of decision, she threw away her witch's broom and her bewitchment. In followup TA group sessions, the group members remarked on her changed appearance: she seemed to grow with greater youth and beauty and felt more confident in herself. Her self-change was surprising to her and she reported that she felt "different". Her voice was now audible and others were listening to her.

2. Co-therapist was Anita Roggenbuck, MSW.

Case No. 3

Viola was a 45-year-old woman married to alcoholic husband. She was in treatment for ten years prior to TA treatment with me. She came with a history of overconcern with body disfunction, a host of physical complaints, and hypochondriasis. Medical confirmation was obtained to show benign breast cysts and benign fibroadenoma of the uterus. This physical condition was rendered "malignant" through witch messages which programmed the C of the patient to *hold on* to aches, pains, and worries about her body. Mother died of cancer at 60 and before her death often communicated concern about her body. Father was a health buff and preached about health values throughout the patient's childhood. The little girl in her came to treatment searching for a "magic wand" that would do away with her chronic bad feeling. For years, she sought therapy thinking that if she could only find out *why* she ached and worried she would be cured ("Maybe if I can know why I feel bad, I will feel good").

Treatment Contract: "I want to feel good". Viola's C felt that whenever she felt good, something bad would happen. Like other patients I have treated, she had a premonition that something bad would happen if she felt good. In treatment, whenever she was on the verge of achieving her contract, the little girl in her found something to feel bad about.

Like other patients, when she sensed self-change, she became frightened and found herslf copping out to the old witch messages: "Feel bad. Worry about dying" ("If I can't feel good, why should you"?) To break the witch's curse, her cop-out was confronted as she became alerted to the witch messages.

Viola became aware that whenever she found herself feeling good, she would then begin to feel bad. Her magically-thinking C collected "evidence" from critical moments in her life that supported the witch's curse: right before her father died, she was feeling good; right before she suddenly had a miscarriage, she had felt good, and so on. In treatment (with my protection), she dared to challenge the curse and freed herself of her bad-feeling rackets.

In conclusion, the C's magical thinking can be used therapeutically to the advantage of the therapist in counteracting destructive parental injunctions from the C of the parent—just as it was

the task of the witch doctor in primitive and medieval times to ward off so-called "evil spirits". The process of TA treatment gives the client permission to do what his autonomous A wants rather than what the C in the parent wants. Once liberated of witchy life-script messages, the client is free to exert his Adult power to further his own autonomous growth.

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This article was first presented as a paper at the annual meeting of the California State Psychological Association on January 16, 1970 at Monterey, California.

EPISCRIPT INTERVENTION: A ROLE FOR THE MENTAL HEALTH CONSULTANT

*JAMES R. ALLEN, M.D.**

The only consultation contract acceptable in some agencies is for consultation concerning the individual clients of their workers. Yet it is just such a worker—the public health nurse, the probation officer, the welfare worker and the like—who is in a particularly good position to gain temporary freedom from his own script by passing it on, like a hot potato, to one of his clients.[1]

This report is a description of a consultation technique useful in decreasing the likelihood of the worker passing on his script, when the consultant has no contract to do psychotherapy and may indeed have an explicit contract not to.

Some workers present the consultant with a series of cases which are specific variations of a common dynamic theme—the catastrophic futures of children born to alcoholic women, for example, or the inevitable tragedies awaiting children born of mothers who attempted abortion. If the consultant takes a particular child out of one of these categories, the worker may be temporarily relieved, but quickly finds another to take its place.

As Gerald Caplan and his group have reported,[2] it is useful in such an atmosphere to use the worker's client-case much as we use toys in play-therapy with children. Talking about only his client, it is possible to trace out the worker's witch-mother injunction and its catastrophic script outcome. This is usually present as a preconscious syllogism; e.g. "Children of women who wanted to abort, go crazy. This is the child of an unwilling mother. Hence he must go crazy."

Such syllogisms may occasionally be the product of the Adult, and represent a computation of statistical chances based on experience and reading. More often, however, they are manifestations of the worker's own script. The power of such syllogisms may be weakened by the consultant's recounting even one example of an

1. English, F.: "Episcript", :TAB 8: 77-82, July 1969.
2. Caplan, G.: *Mental Health Consultation,* in press.

alternative outcome: if there is hope for the worker's client, then there may be hope for the worker! Over the course of a number of consultation sessions, it is possible to observe a gradual decrease in the strength of such episcripts.

This technique may decrease the power of the worker's script; it does not eliminate it. However, it is of use in those circumstances where the contract is not to help the worker "crack his script", but to help him better deal with his clients—and that includes the possibility of injuring them by attempting to pass on his script.

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"DON'T BE CLOSE": A NOTE ON THE REPLACEMENT OF A "WITCH-MOTHER" MESSAGE IN PSYCHOTIC FIVE-YEAR OLDS

*JAMES R. ALLEN, M.D.**

The same world which elicits attachment, interaction and a desire for contact from most children evokes from a certain few an apparently obligatory use of withdrawal avoidance and remoteness. Over the past six years, the Child Psychiatry group of the University of Oklahoma has made experimental use of sensory and perceptual isolation in the treatment of four psychotic boys whose lack of contact precluded productive work with them by other psychotherapeutic means. Their clinical pictures resembled, in varying degrees, the syndrome of early "infantile autism" originally delineated by Kanner; none, however, could be so classified without some reservation. At four to five years of age, the most striking symptom of each was avoidance of or indifference to other humans. Detailed reports of three of these children have been published elsewhere.[1]

The original theoretical basis for this treatment was the hypothesis that remote aloofness, withdrawal, avoidance, and lack of human contact might be necessary because of defective filtering mechanisms of the central nervous system; that is, that these behavior patterns might be defenses against sensory overload.

The children were placed in partial sensory, perceptual and social isolation ranging from 40 to 74 days. The therapist visited twice daily for 10-15 minutes. Therapeutic techniques included holding, rocking, and stroking "not unlike the basic parental approaches to a very small child", but were individualized and titrated to the needs of the child. In follow-up studies of up to two years, all four have shown a lasting and significant increase in their desire for human contact, and improvement in their relationship with others, including members of their families. This has been their most significant area of improvement, although they also stopped such mannerisms as whirling and rocking.

In terms of TA, such sensory isolation may be seen as a procedure for rapidly inducing regression, thereby increasing the child receptivity to closeness and to contact with others—that is, to replace the witch-mother message "Don't be close". It is of interest that dis-

ruption of the child's normal circadian rhythms of sleep and waking regularly preceded his increased involvement with human beings. This occurred about the sixth week. If these observations are not artifacts, it appears that basic biological rhythms serve as organizers for behavioral reactions, and that reorganization proceeds best following their disruption.

In contrast to these four children, a fifth with a similar presenting picture and history improved almost immediately when his parents left the ward. Within five days, he began to talk for the first time, uttering short phrases. No abnormalities had been noted in his behavior until he was over two years of age; after that age, however, almost everything he did, or did not do, was interpreted as abnormal and "autistic". Perhaps we can best understand him by postulating that he did not receive a witch-mother message to avoid closeness, but that his particular behavior was a reaction to his parents somewhat later in life—parents who, at his age five, are not yet fully internalized as Parent. Having decided he was abnormal, his parents set no expectations whatever on his behavior: that is, in hebephrenia as the Schiffs have reported, they completely discounted unacceptable behavior.[3]

One of the four original children also showed some slight improvement on admission to the clinical unit—a honeymoon period of very brief duration. If the above hypotheses are correct, he represents an intermediate type, combining features of each.

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3. TAB 8: 84, October 1969.

TA AT TEMPLE UNIVERSITY

Arthur Wagner, Professor of Theater at Temple University, for the past few years has been doing basic research in actor training under the theories of transactional analysis as expounded by Dr. Eric Berne in his books *Transactional Analysis in Psychotherapy* and *Games People Play*.

Dr. Wagner comments on his theories and their application to play production:

"The prime intent of the work has been to facilitate the actor's analytical work on character and situation. Berne's concepts of ego states (Parent, Adult, Child), transactions (ritual pastime, game, intimacy) and Steiner's script-checklist are incredibly useful tools for the actor in making internal and external character selections.

"The secondary intent has to do with the creative state of the actor and ways of achieving that state at will. One class period a week is spent in sense relaxation exercises playing children's games and doing "pop" improvisations. The latter exercises are done with no preparation. Two actors are chosen. One sits in a chair, the other makes up a situation and relationship and enters the scene. The actor in the chair decides who he is and his relationship to the other from the information given him by that second actor. They then develop the scene off the top of their heads. At any time during the scene they may be asked to switch roles, or another actor may be sent in to substitute for one of the actors in the scene.

"The intent of these exercises and the children's games is to try to release the actor into his Child ego state, out of which he plays closest to the way he actually did as a child. This, then, is the creative state, and the one the actor should be playing from during performance.

"Oh What A Lovely War" presents many opportunities for applying all the work done through transactional analysis. The basic mood of the show is one of play—a music hall variety show. There are forty-five individual 'bits' ranging in length from a song or dance to a fifteen-minute skit. Each 'bit' has its own mood and style—some bright and gay and totally presentational, others more serious and 'real'. The actors are called upon to sing, dance, act, do

stand-up comedy, and play multiple roles, both comic and serious. The time for transitions in character and mood is only as long as it takes to change the lights. The work done in those Friday sessions is paying off greatly in spontaneity and freedom, while the analytical work on character gives everything a solid base to build on."

INVITATION FOR ITAA SUMMER CONFERENCE PAPERS

Program Chairman, Dr. Thomas A. Harris, wishes to remind the membership that the deadline for notifying him of desire to present papers or participate in a panel at the ITAA Summer Conference is June 1, 1970. Those interested should communicate directly with Dr. Harris at this address: 350 University Avenue, Suite 204, Sacramento, California 95825.

TA INTRODUCED AS A METHOD FOR REDUCING RACIAL TENSIONS

In an effort to employ TA as a means of helping to reduce racial tensions in the San Francisco outer Mission district's Balboa High School, a team of ITAAers from the San Francisco Transactional Analysis Seminar—Mel Boyce, Warren Cheney and John Miller—began working last fall with the faculty in a lecture-discussion group and subsequently, this spring, in three small groups.

Impetus for this undertaking came from Vice-Principal Florence Cohen, who had presented the several factors causing tension at Balboa in a report made at SAFTAS in October 1969, four weeks after the severe series of riots and fights had closed the school and resulted in the death of one white boy from knife wounds. The students had polarized into white versus black, the Spanish-Americans and the blacks each claiming the other group had killed the boy. Authorities blamed heavy and wide-spread pill-popping plus the influence of outside organized groups including Hells Angels and Gypsy Jokers.

One result of the situation was the establishment of a "Crash Pad" at Balboa staffed by a black psychiatrist and a black counselor providing students with on-the-premises help for overdoses of drugs. The other result was the start of a TA training program funded by the Board of Education, offering any teacher who wished to have the training an opportunity to study TA and receive credit toward teacher training units, the amassing of which leads to pay increases and promotions.

While it is not new that TA is being used in schools[1], the program at Balboa may well be the first attempt to use TA as a method for reducing racial tensions. Boyce, Cheney and Miller see TA not only providing a new level of awareness for both teachers and students coming out of the training, but also demonstrating that TA amounts to a new kind of communication. A further potential lies in the fact that TA can supply the teacher with a new way

1. William Piehl in Santa Clara County elementary schools (TAB 8:98), Ken Ernst at John Kennedy High in Fremont, Carolyn Crane at Oakland High, Paul McCormick at the O. H. Close School for Boys (TAB, this issue).

of maintaining discipline, allowing him to avoid the standard parental-authoritarian technique of threatening punishment every time a student shows defiance, refusal to work, or lack of participation.

Follow-up planning currently includes offering TA workshops for the August conference of School Administrators who will come from elementary, junior and senior high school in all districts of San Francisco.

W.D.C.

HOT POTATO GAME GOES BANG OR ANTISCRIPT BECOMES INSTITUTIONALIZED

The March 27 issue of *Life* describes autonomously existing bomb groups. From this material, it can be seen that the bomb group acts as nurturing parent to members in return for stroke structure. This group "Parent" demands conformity to the antiscript demand "Destroy the Establishment"—to be read as "Destroy the Wicked Witch".

We are innocent and enjoy playing with dynamite. We will live happily ever after.

E. O. Conaway, R.M.

Mrs. Conaway lives at 8 Kingswood Lane in Carson, California 90744

PROGRESS REPORT FROM STOCKTON

The Northern California Youth Center Research Project team, in their second annual report to the National Institute of Mental Health, says that the staff of the O. H. Close School for Boys, Stockton, is probably the first correctional institution staff in history to agree to, and get, psychotherapy as part of their training. Virtually all of the school's administrative, treatment, and teaching staff have attended three-day TA marathons, and the social workers have had from six months to one year of weekly TA treatment and training sessions, at the San Jose TA Seminar (JOTAS).

Now that the project is in its operational phase, data collection is underway for evidence to compare the effectiveness of TA at the O. H. Close School with the results of behavior modification techniques at the adjacent Karl Holton School. Results of the comparisons will not be available until 1971.

Acceptance of TA by the staff and the boys has been generally enthusiastic. Paul McCormick, in charge of the TA training staff, reports that the major problem to date has been overcoming the counseling staff's reluctance to see themselves as professional psychotherapists. Participation as patients in TA groups is helping to replace this reluctance with self-confidence.

Every boy of the 400 at O. H. Close is now being treated in a TA group.

JUDGES ORDER TA FOR PARENTS OF DELINQUENTS

Through the efforts of Judge Lois Johnson, a member of the ITAA, the Court of Kalamazoo is now sentencing parents of "delinquents" to eight weeks of TA, two hours weekly, with the alternative of going to jail. As a result there are three such parent groups running continuously—with the interesting situation of some parents letting their children commit offenses so the parents can take the TA course. In the opinion of Morris Haimowitz of CHITAS, who forwarded the item, Kalamazoo may now be exposing more people to TA per square mile per month than Carmel does.

TA IN A SYDNEY HOSPITAL

The use of TA in a major hospital in Sydney, Australia has received newspaper coverage in the *Sydney Morning Herald,* which is the "*New York Times* of Australia." The *Herald* of December 22, 1969, in an article headlined "TA: the New Psychotherapy", explains that the TA was being directed at North Ryde Psychiatric Centre by Dr. Brian Thomson, "who studied under the founders of the system in their California Headquarters (SAFTAS)" and that TA "speeds treatment by teaching people to recognize their own childlike behavior." North Ryde Psychiatric Centre has a cachment area of 200,000 in central Sydney.

PERMISSION CLASS IN AN INDIANA HOSPITAL

Edgar C. Stuntz, M.D., Secretary of the Wabash Valley TA Study Group, reports a "planned spontaneous permission class" of hospital inpatients as observed by Jim Jones during an activity therapy session. The patients had "Don't feel angry" witch messages and were asked to show anger by throwing paper pads at each other, stomping out balloons tied to each other's feet, and throwing clay at faces they drew on paper. They did so with much vigor in ways that reflected their anger at parents, doctors, and hospital personnel.

One woman used her anger constructively (her Adult) to get discharged from the hospital after sitting around all week waiting for her doctor to return from an illness. Most patients lapsed immediately into a crushed, silent Child that revealed their guilt at having rebelled against their witch message.

Jones plans to follow future permission classes with a group treatment session that would hook the Adults of the patients to look at and turn off the witch messages that clobber the freed-up Natural Child. The experience showed the necessity for all three ego states of the therapist to be on tap as needed—the Child to show the natural spontaneity of feelings, the Adult to show how to use feelings constructively, and the Parent with a strong message that it is "OK to have feelings."

ORGANIZATIONAL NEWS

SACTA SPRING CONFERENCE

The second annual Spring Conference of the Sacramento Institute for Transactional Analysis was held at Incline Village, Lake Tahoe on April 24-26. The three-day conference was addressed by Eric Berne, and some of the more unusual presentations included "Use of TA in a military setting", "Use of TA in a foster-home setting", "Special speaking techniques to introduce TA", "Adult protection for Kids", "Loneliness: its cause and cure."

Sessions were led by E. Budlong, M. Dent, G. Drengson, L. Drewry, K. Everts, A. Freed, I. Griggs, G. Haiberg, A. Harris, T. Harris, C. Johnson, M. Kluender, G. Manchester, L. Mart, J. P. Morgan, R. Nicholson, R. Osnes, R. Poindexter, R. Spencer, F. Wemmer and J. Woodward.

EVERTS TO TOUR AFRICA

ITAA president Ken Everts will visit West, East and South Africa during July and August this year. So that Dr. Everts may contact potential new members during this tour, ITAA members knowing of such persons in particular locations in Africa are invited to please inform ITAA headquarters in Berkeley before June 30.

TA AT AMERICAN PSYCHIATRIC ASSOCIATION ANNUAL

TA will be presented again at the annual meeting of the American Psychiatric Association, this year in San Francisco with a panel discussing "Therapeutic Potency in Transactional Analysis". Dr. Eric Berne will serve as moderator, with panelists Drs. Jack Dusay, James Horewitz, Steve Karpman, Claude Steiner and Sol Samuels. The presentation will be at 8:00 p.m. on Tuesday, May 12.

TA DEVELOPMENT IN SOUTH FLORIDA

Following a recent visit to Florida, ITAA President Ken Everts reports that Dr. Fred Kratina is active in the formation of future TA seminars in the southern part of the state. Those interested may contact Dr. Kratina in Delray.

REGARDING THE PROPOSED NEW ITAA NEWSLETTER (NIS)

Response to the NIS idea was, unfortunately, too meagre to warrant establishing a new newsletter at this time. It's not that the news is lacking. It's only that busy professionals seem to lack time to send in the items. Accordingly, the NIS will not be undertaken until some future time when the demand and need are more definitive.

Meanwhile, Eric Berne has invited NIS Editor Warren Cheney to join him in publishing the TAB—Dr. Berne becoming Consulting Editor, Cheney the Editor, and Lynda Erickson, formerly of Stanford Research Institute, Assistant Editor.

NEW TA HANDBOOK

A new pamphlet, "Introduce Yourself to Transactional Analysis, A TA Handbook", written by Paul McCormick and Leonard Campos and published by the San Joaquin TA Study Group of Stockton, California, is now available. The handbook's intent was to "use a language of a high enough technical order to sustain the interest of educated adults and yet be simple enough for boys and girls of junior high school age." Copies may be obtained from Transactional Pubs, 3155 College Avenue, Berkeley, California 94705 for $1.00 each (less for larger quantities) plus tax.

ITAA NAMES IN THE NEWS

Claude Steiner, Co-director of the Berkeley Transactional Analysis Institute, has signed a contract with Grove Press, New York, for the publication of his book, *Script Analysis in Alcoholism*. Xerox copies of the book are available for $8.00.

Bill Collins, Clinical Director of the Inland Empire Transactional Analysis Seminars, gave a TA Group Therapy presentation at the Los Angeles County-University of Southern California Medical Center.

Mel Boyce, Clinical Director, and **Mike Breen** of Transactional Analysis in Marin, introduced a new approach entitled "A Games Workshop" designed as an educational rather than as a therapy group.

Mary Edwards, Director of the Carmel Institute for Transactional Analysis, led an all-day TA workshop at the AGPA Convention in New Orleans.

Helen Colton, therapist with the Los Angeles Transactional Analysis Clinic and Executive Director of the Family Forum organization, received three columns of space in *Variety*, January 7, 1970, for an article arguing for sex education on television, and for TA, which included the following paragraph: "I think longingly of what an hour's talk on national television by Dr. Solon Samuels, head of the Los Angeles Transactional Analysis Institute, could do for the mental health of the country as he explains the Parent-Adult-Child parts of all our personalities, the Life-Scripts most of us are unknowingly acting out; the repertoire of destructive games we play over and over; the archaic parental messages we may still be observing to the detriment of ourselves, our marriages, our jobs, our child-rearing; the life positions of I'm Not-OK-You're-Not-OK many of us carry on from infancy."

CALENDAR

May 11-15:	*American Psychiatric Association,* Fairmont Hotel, San Francisco
June 19-20:	*Golden Gate Group Psychotherapy Society,* Millberry Union, University of California Medical School, San Francisco
August 19-23:	*ITAA Summer Conference,* Mark Thomas Inn, Monterey, California (make your reservations early)
January 8-10:	*ITAA Executive Congress,* San Diego (SANTAS hosts)

GEORGE'S LATEST FROM CRETE

"Dear Mother and Father: I am very glad because after many months I received two letters from you . . . I always want have news from you. I don't go to school because we have not money. My mother is ill. She has a pain in the foot. All the children have dresses but I have nothing. The village is a poor one we have not work here. I work in summer in fishing. I don't want to be sorry. But if you can, take me to work everywhere. With the money you sent I bought meat, bread and other things for our food.

"And please take our thanks from our hearts. We love you very much and always we wish for you. And every time that we have money from you I am saying the Saint Maria.

"With love and many wishes, George."

UNTITLED SCRIPT

I shall not be decayed
In the tomb of your arrogance
My love.

When love has died for both of us
You will admit it was not killed
By injuries inflicted in the strife-hours
Now at hand, but by some wretched,
Aging spirit of the times of years ago
Which has been waiting,
Knowing

As we know
The cries from newer wounds
Will ultimately invoke him;
That he, the spirit
Of our childhoods' long forgotten pains,
Will be the agent in our final dissolution.

Lyn Read Preovolos

The poem's author also writes short stories; she has three children and lives in San Francisco.

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists and clergymen. The teaching is primarily oriented toward group therapy, social dynamics, and personality theory based on transactional analysis. The Association is now in its thirteenth year, and is self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Study Groups are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible. Qualified people can become Associate Members of the ITAA by filling out the blank below. They may become Regular Members after taking a complete Introductory Course or its equivalent, and may apply for Clinical or Special Membership after their training meets the standards of the Membership Committee.

All classes of membership include: (1) Subscription to the Bulletin (2) Entree to Seminars and Study Groups when traveling (3) Hospitality of the temporary ITAA headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences (5) Listing in the Annual Geographical List of Members.

Those desiring Associate Membership (or Regular Membership if eligible) may fill in the coupon below and enclose the membership fee. Subscriptions to the Bulletin are available to institutions and libraries at $5.00 per year and to individual professional workers at $10.00 per year.

PLEASE ADVISE US OF A CHANGE OF ADDRESS. USE THE COUPON BELOW TO APPLY FOR MEMBERSHIP OR TO RENEW IT WHEN IT FALLS DUE. PLEASE ENCLOSE MEMBERSHIP FEE.

Send to: ITAA, 3155 College Ave., Berkeley, California 94705

Please enroll me in the International Transactional Analysis Association
as a Regular Member ($25) Associate Member ($12)
For those residing outside North America fees are one-half the above.
Subscription Only: Library ($5) Individual ($10) per year.

Name: _____

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TRANSACTIONAL ANALYSIS BULLETIN

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CONTENTS

april 1970 *volume 9* *number 34*

The Law and Order Game Thomas L. Shaffer..... 41

Transactional Analysis of Witch Messages
Leonard P. Campos, Ph.D..... 51

Episcript Intervention: A Role for the Mental Health Consultant James R. Allen, M.D..... 58

"Don't Be Close": A Note on the Replacement of a "Witch-Mother" Message in Psychotic Five-Year-Olds
James R. Allen, M.D..... 60

TA at Temple University..... 62

TA as Method for Reducing Racial Tensions..... 64

Hot Potato Game Goes Bang..... 65

News of Affiliates..... 66

Organizational News..... 68

ITAA Names in the News..... 70

Poetry Corner..... 72

TRANSACTIONAL ANALYSIS BULLETIN

Published by the International Transactional Analysis Association Berkeley, California

JULY 1970 *Volume 9* *Number 35*

TRANSACTIONAL ANALYSIS BULLETIN

International Transactional Analysis Association

A Non-Profit Educational Corporation

volume 9
number 35
july 1970

Eric Berne, M.D., Consulting Editor
Warren D. Cheney, M.A., M.A., Editor
Lynda Erickson, A.B., Assistant Editor

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its affiliates. All classes of membership in the Association include a subscription to the Bulletin. For Institutions and libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and inquiries should be addressed to Transactional Analysis Bulletin, 3155 College Avenue, Berkeley, California 94705.

Papers, clinical notes, news items and letters should be addressed to the Editor at the above address. They should be legibly typewritten, double-spaced, on opaque paper with wide margins.

The International Transactional Analysis Association, Inc.
The American Transactional Analysis Association

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ERIC BERNE, 1910 - 1970

Eric Berne died on the morning of July 15th, 1970, shortly after having breakfast; he was buried in Carmello Cemetery two days later in a grave overlooking the ocean protected by a Monterey cypress.

Trouble began on Sunday, June 28th when he awoke feeling strange. Concerned over the situation he went to his doctor for a check-up, including an EKG. The graph failed to show any abnormality. But later in the day, while walking along Carmel's beach, he began to suffer from increasingly severe chest pains and asked to be taken to the hospital. Upon arrival at Monterey Hospital he was diagnosed as going through a heart attack and was immediately placed in an intensive care unit.

Nine days later, the night of his favorite Tuesday seminar in San Francisco, he telephoned SAFTAS and relayed a message to the members via Claude Steiner, kidding about his condition saying he had "decided to retire from broad-jumping after having been undisputed champion for as long as the Seminar had run"—actually a fact witnessed by many of us who had competed with him in broad-jump contests, his favorite way of deciding who should be elected in voting contests when the candidates were tied.

The following Tuesday, the night before he died, he again telephoned the San Francisco seminar but this time admitted things were difficult, saying, "the road ahead looks good and full of curves." There was unmistakable tiredness in his voice, his speech was much slower than normal, some of his words were slurred.

The next morning, Muriel James telephoned the hospital to tell him that the book on TA she and Dorothy Jongeward had written, *Born to Win,* now had a publisher. But the nurse who answered the telephone in his private room could only say, "Dr. Berne has just died, a few moments ago . . ."

As the news of his passing spread across the country, expressions of shock, loss, and bereavement began coming in to the family and to ITAA affiliates all over America and abroad. It would be difficult to cite another example of a trail-blazer and

pioneer in the fields of psychiatry and psychotherapy who was more widely regarded with love and affection by those who knew him personally than Eric Berne. For those of us who shared Tuesday evenings with him at the clinical seminars he enjoyed so much over the years, there were countless demonstrations of his tolerance with juniors, with those new to TA, and with colleagues who openly disagreed and sometimes directly criticized his ideas, opinions and sometimes his writings. His personal contributions at the seminar often included detailed, clinical reports of groups he was conducting, or he would read a chapter from a book he had in work, or he would bring his extensive knowledge of clinical literature to bear in analyzing a question posed by a colleague.

Many of us who knew him well are still under the spell of his loss and, so soon after the event, find it difficult to place his passing into significant perspective. This issue of TAB was the last he and I worked on together. Its content this time thus reflects essentially his choice of material. Hence his name properly remains on the masthead as Consulting Editor.

Saturday evening, August 22nd, at the Mark Thomas Inn, there will be a memorial session of the ITAA Summer Conference dedicated to him. Members and friends are encouraged to consider making donations to a memorial fund rather than sending flowers. Details of the fund plan and proposed scope will be disclosed at the memorial session.

The membership has endorsed a plan to publish a special Eric Berne memorial edition of the TA Bulletin later this fall. Details of that publication will be announced at the Summer Conference in Monterey.

W. D. C.

ERIC BERNE AS GROUP THERAPIST

One of the last examples of TA as practiced by Eric Berne was released by him in the form of a tape made during group therapy at a closed ward of the McAuley Neuropsychiatric Institute at St. Mary's Hospital in San Francisco. This tape was transcribed and prepared for publication by the staff of *Roche Report: Frontiers of Hospital Psychiatry* and published in the May 15, 1970 issue, Vol. 7, No. 10, after several telephone consultations for clarification with Dr. Berne. A happy, smiling picture of Eric, one of the best we've seen, illuminates the piece.

The method he used here employs two groups of inpatients: a younger group and an older group. Following the observer method used by Berne in staff-patient conferences[1], one group sits in the inner circle as "patients," while the other group sits behind as "observers," with the two groups alternating as "patients" and "observers." The session runs as a regular therapy group for an hour, then the groups change places and during the last half-hour the "observers" give their comments and reactions to what took place.

The therapy session transcription (names are fictitious):

PEARL: Dr. Berne, shouldn't we all be introduced before we start?
DR. BERNE: Not particularly.
PEARL: This is our dayroom. When strangers come—
SAM: We haven't time to waste.
TOM: Dumb ass! Every time Pearl says something, I know we're going off on a tangent.
SAM: Dr. Berne, why does a man have to stay in a hospital for 8 weeks when he wants out?
DR. BERNE: What does he have to do to get in?
SAM: I just worked a little harder than the average.
DR. BERNE: What did you do that caused people to say you had to go to the hospital?
SAM: They got uncomfortable with the way I was acting. I thought I was acting pretty good.
DR. BERNE: How were you acting?

1. Berne, Eric: "Staff-Patient Staff Conference," *American Journal of Psychiatry,* 125:3, 286-293, September 1968.

SAM: Working fast all day long. That's all.
DR. BERNE: Sounds all right to me. Why should someone put you in the hospital for that?
SAM: I've asked that question for 3 weeks.
DR. BERNE: What did you do to get in the hospital?
SAM: I asked for help. I said I needed a vacation in some far-off place. The doctor immediately said I had to go to the hospital.
DR. BERNE: What did you do to get in the hospital?
SAM: I was working 18 hours a day, sleeping 4—having a grand time.
DR. BERNE: The reason you're here is because you don't answer questions. I still don't know why you're in the hospital.
SAM: I was losing control.
DR. BERNE: What did you do when you lost control?
SAM: Worked like 2 men.
DR. BERNE: Okay, that's why you're in the hospital.
SAM: How can they expect you to gain control when 18 people are telling you what to do?
DR. BERNE: I don't know.
SAM: I feel worse in the hospital than I did on the outside.
EMILIO: Brother, find a way of talking to the doctor who signs the paper saying you're cured.
RUTH: You don't want to change, Sam.
SAM: Course not!
DAVID: Dr. Berne, I've just been here a few days. I need a little help. I can't get along with people. I always have to have one guy I don't like, and when I quit not liking him, there's someone else I don't like. In the short time I've been here, I'm already mad at half the guys. I've been working on myself for 10 years and not getting anywhere.
DR. BERNE: What do you ask of life?
DAVID: I'd like to be comfortable working with people—have a steady job so I could accomplish things, like buying a house. I can't look forward to anything now because I don't know from one day to the next if I'm going to blow up.
PEARL: You told me you get along with your mother and you work well with your mother and you work well with women.
DR. BERNE: How come you only want a little help?
DAVID: I don't want a little help; I want help.
DR. BERNE: You said "a little help."
DAVID: I've gone to a psychiatrist, and I've been in a state hospital

twice. I found out that nobody can help you a whole lot. They give you a little bit, and you've got to do the rest yourself.

DR. BERNE: You're not really thinking. All you're doing is saying, "Oh, the tragedy of it." How come you only want a little help? You're really saying you don't want to get better.

PEARL: You told me last week the Child part of you didn't want to get better and the Adult part of you did. Don't forget a part of your personality is the free Child. You need to learn to let the free Child express himself.

MARIA: What do you mean by free Child?

PEARL: Dr. Berne explained it in his book. In every adult there's a free Child who wants to run on the beach, make love, enjoy things, be happy.

DR. BERNE: Okay, Pearl. I'd like to talk about a few things with David. What did your parents tell you about life?

DAVID: I don't know.

DR. BERNE: Where's your father?

DAVID: I don't know. My mother and father were divorced when I was 6, and she married again. I never talked to my stepfather. He's so stern.

DR. BERNE: What did your mother tell you about life when you were young?

DAVID: I don't know. She wanted me to be a lawyer or something. I stayed with her parents for a while after the divorce. My grandfather was a very grouchy man.

DR. BERNE: What did he say to you when he was grouchy?

DAVID: "Goddamn you, kid, I'll take a razor strap to you if you don't do those dishes." He scared me. My stepfather scared me too.

DR. BERNE: What did your stepfather say to you?

DAVID: Him! All he tried to do was make money.

DR. BERNE: What did he say to you?

DAVID: "If you don't shut up, I'll knock your head off." He gave me an inferiority complex. I can't walk down the street without fear. I haven't confidence.

DR. BERNE: Okay. What did your grandfather say?

DAVID: He said he'd beat hell out of me, that I'd never amount to anything.

DR. BERNE: How did he say it?

DAVID: I think he said "that kid." I don't like him.

DR. BERNE: How about answering my question? What did your grandfather say to you?

DAVID: He said he'd knock the hell out of me if I didn't straighten up and do the dishes.
DR. BERNE: And what did your stepfather say?
DAVID: "I'll knock your head off."
DR. BERNE: What did your mother say?
DAVID: She never said anything. She went along with my stepfather. But when it came to doing anything, I had to ask her.
DR. BERNE: What did she say when you asked her?
DAVID: She wouldn't let me go. Like going in a boat. She was afraid I'd drown. She was a worrier. I sometimes think I picked up worrying from her.
RUTH: Do you lack confidence in yourself?
DR. BERNE: Why did you ask David if he lacked confidence in himself?
RUTH: Because I lack it myself.
DR. BERNE: He already said he lacked confidence; so why did you ask him, and why do you want to know whether he lacks it or not?
RUTH: Because I like support from other people.
DR. BERNE: Why is it supportive when he says he lacks confidence?
RUTH: It's good to know someone else lacks confidence. It makes me feel better.
PEARL: David, does it make you feel more comfortable?
DR. BERNE: Hold it, Pearl. I want to get back to David. What you've really been saying, David, is that you don't want to get better. If you can find a few people who feel like you do, you won't have to get better.
RUTH: That doesn't make sense to me.
DR. BERNE: Why? You said it makes you feel better; if someone else lacks confidence, it makes you more comfortable.
RUTH: I follow you.
DR. BERNE *(to Tom)*: Which of your parents doesn't like you?
TOM: My father. He thinks I'm stupid. He calls me a dumb ass kid.
DR. BERNE: Okay. So why are you like your father?
TOM: I'm not like him!
DR. BERNE: When we first started this session, you called Pearl a dumb ass, and you've muttered it each time she said something.
TOM: She is a dumb ass!
DR. BERNE: I don't know about that. *(Laughter)* The point is you say the same thing to her that your father says to you.
TOM: It's grown into me, I guess.
DR. BERNE: Is that the way you want it?

TOM: No.
DR. BERNE: What are you going to do about it?
TOM: Have patience with people.
DR. BERNE: It that what your mother says? Have patience with people?
TOM: Yeah.
DR. BERNE: Have you any thoughts of your own—thoughts that aren't your mother's or father's?
TOM: Sure I do!
DR. BERNE: Let's hear one. When you talk to Pearl, it's your father. When you say, "Have patience," it's your mother. Now what do you say?
TOM: Whew! It's not one way or another. You got to find a happy medium.
DR. BERNE: That's your mother too. Can you say something of your own?
TOM: I'm not going to say Pearl is stupid anymore. I'll just keep it all inside of me.
RUTH: You use the same technique with us. When you don't want to be bothered, you clam up. That's because you're trying to fight society and its institutions.
DR. BERNE: I don't blame you for fighting institutions, because you have two institutions in your head telling you what to do all the time. I still haven't heard you say something that you think independently of your father or mother.
TOM: I want to get out of this place.
DR. BERNE: Okay. That's a beginning. Can you think of something else?
TOM: I want to be liked by everyone.
MARIA: I can understand that you want to be liked by people. I do too. But sometimes we go at it the wrong way. To tell girls you'll get a knife and go after them, that's sadistic.
TOM: You think I'd chicken out? Do you know how many birds I've killed? I used to stick birds in the washing machine and then put it on spin.
MARIA: I don't want to talk to you. You're a maniac. You're sick. It's good you're in the hospital. I want out, but I'm glad you're in. *(Laughter)*
EMILIO: I have a gun, and sometimes I do things that are illegal. The other day I shot blackbirds. You know what I made? Spaghetti sauce.

SAM: What's your problem, Emilio?
EMILIO: God knows.
PEARL: You're not coming on straight. They wouldn't let you go into the kitchen because you were on suicide precaution.
DAVID: What put you in the hospital?
EMILIO: I came to be circumcised. It's a nuisance to have to wash that thing every day. What if you don't have any water?
SAM: You told me you couldn't sleep.
EMILIO: Because there's a Why? in my head. Why doesn't Pope Paul recognize us properly? I have kids. And maybe, when they grow up, they'll get married and divorced. They say in heaven you sit in a circle, and I want my kids to sit in the circle with me.
DR. BERNE: What crazy thing did you do to get in the hospital?
EMILIO: I went to the emergency room.
DR. BERNE: To get a circumcision?
EMILIO: Yes. And the doctor asked me why I wanted to do it and I told him—
DR. BERNE: Okay. It would take a lot of time to give all the details. Let's hear from people who haven't said anything *(turning to Mary)*.
MARY: I didn't do anything. I just don't think right.
DR. BERNE: What were you thinking?
MARY: I didn't want to go places.
PEARL: There is something wrong with you, Mary. You went to college and trained to be a teacher, and then you were afraid to go out in the world. You stayed at home to be protected by your mother and you worked in your father's office.
DR. BERNE: You don't go to the hospital because you work for your father.
MARY: I told him I couldn't take it anymore. I blew. I was afraid I'd kill myself.
DR. BERNE: Anyone else?
MARY: Only my parents. I took a room by myself, but it was too lonely; so I went back home, and I—I—I *(becomes incoherent)*.
DR. BERNE: Okay. *(To Bob)* You haven't said anything.
BOB: I set my room on fire.
DR. BERNE: Why did you do that?
BOB: I thought the world was coming to an end, and I might as well as start it off.
DR. BERNE: Why were you in a hurry to end the world? Why can't you let it happen? Why do you have to help?
BOB: I don't know.

DR. BERNE: Is there someone you want to die?

BOB: I guess myself.

DR. BERNE: There must be somebody else you want to knock off if you're set on ending the whole world.

PEARL: He smokes marijuana.

DR. BERNE: Do you know why you wanted to end the world?

BOB: I just wanted everything to be over.

DR. BERNE: What did your parents say to you when you were young? Do you remember anything they said?

BOB: No.

DR. BERNE: Do you still want to get it over with?

BOB: No.

DR. BERNE: Okay. I guess that's all we have time for today. Will the groups change places now? *(The younger patients move to the outer circle. The older patients take the chairs in the inner circle for their discussion.)*

DR. BERNE: If you can only talk about your own troubles, you should do it here. You were supposed to be listening to what went on. You may have something to say about the younger patients.

MALE PATIENT OBSERVER: I was in a group with Pearl at one time. She just doesn't want to be an adult. Emilio is terribly hung up on religion.

DR. BERNE: We're here to help people get better. What do you think we ought to do to help Pearl?

MALE PATIENT: Staff and patients should try to make Pearl realize that she's an adult. Otherwise she'll be in institutions the rest of her life.

DR. BERNE: What about Emilio? How would you help him?

MALE PATIENT: I have no idea. *(Dr. Berne asks the older patients for ideas on helping the younger patients. Except for one woman, the others have no comments.)*

FEMALE PATIENT: Pearl should stop having babies. Everytime she has one she lands in here. She's had her share, and so have I. We both need to get some joy out of life.

DR. BERNE: What do you think about Mary?

FEMALE PATIENT: I'm fond of her. Maria has beautiful children, and they need a father. I told her so. I told her she should marry a man with money. And that boy Tom! Why, he ought to go to school and obey his parents. I obeyed mine. Till I was 18 I didn't open my mouth.

DR. BERNE: Okay. Any others? If not, let's hear what the staff has to say.
NURSE 1: Pearl is really better now. But she doesn't listen. She only picks up a word or two so she can interrupt. She tried to cut you off when you were talking to patients.
DR. BERNE: That's one of the jobs of a group therapist—to keep patients from cutting others off.
NURSE 2: Most patients were angry, and they went at each other in an angry way, but they rarely said why they were angry. It would be better if they could come out straight and say what it is about a person that's making them angry. Take Emilio. He keeps interrupting but he doesn't say what is angering him or why.
DR. BERNE: If he did, who would it help? The patient or Emilio?
NURSE 2: Both. Emilio could hear how he was coming along in the group, and the patient would be helped too.
NURSE 3: I was disappointed that those in the outer circle who were really listening didn't feel comfortable enough to say how they felt about what happened.
NURSE 4: I got the feeling that Pearl wanted to become the leader of the group.
NURSE 5: This is the first time I heard David speak about his father or grandfather. It was as if he was making a bridge to his difficulties.
NURSE 6: I was interested in your observation that Ruth can't come out and says she feels this way until someone says they feel this way.
CHARLES BERGER, M.D. *(Second-year Resident):* Some patients cannot stand to see others get well. Pearl tried to sabotage anything going on. Ruth was more subtle about it. Emilio would come out with a lot of trash anytime you were making progress with a patient.
DR. BERNE: Any other staff people? No?

Dr. Berne's summary follows:

Then let me summarize a few things in this very complicated deal. The first thing that interested me was that when everybody was sitting close to each other in a circle they talked more to each other than when they sat at a table at other sessions. I think the idea of having other patients listen is rather good. I can't say the listeners contributed very much, but I think if we did this regularly they would start thinking. *(Note: This is strongly borne out by later experiences* E.B.)

As far as the inner group is concerned: Tom, who likes to cut and kill birds, only repeats what his mother and father say. There must be an Adult in Tom. Try to get to the Adult. You could wander

off with him, trying to find out why he wants to shoot birds, but it would be a waste of time. It would take years. So instead of analyzing, try to get to the Adult in Tom. Then he might start to get better.

The same thing applies to Ruth. I was interested in the maneuver with David. When he said he felt inferior, she asked him if he ever felt inferior. One thing she was after was to be comfortable while feeling inferior. But there's something else there I don't understand. Whatever it is, it's very pervasive. She's playing some game, and she's doing it 90% of the time.

I think Pearl's Child is out so much that you have to make the Child feel better before she can be Adult. That's the way to approach her.

About Sam, who wants out. Don't bother him. Let him rest for 1 or 2 weeks. Some people come to the hospital for a vacation. They will do all kinds of things to get in a hospital. They probably want a vacation, and they are entitled to one.

As for David, he probably has said all the things he said here when he was in a state hospital. He probably was told he was a masochist, had homosexual tendencies and so forth, and it didn't do any good. All the psychodynamic formulations are irrelevant in his case. The key thing he said here was that he wanted a little help. When he says he wants a lot of help, you'll be in a much better position to help him. That would mean he really wants to get well.

That's about all we have time for. Next week we'll reverse the circles and see what happens.

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HOMO LUDENS vs. HOMO SAPIENS

*QUOTES FROM THE ENCOUNTERER**

FRANKLIN H. ERNST, JR., M.D.

FORMULATION: NAME OF THE SPECIES

Homo Ludens vs. Homo Sapiens[1]. This species of animal is the sole surviving genus of the family of mammals, *Hominidae*. *Sapiens* is from the Latin meaning wisdom, sagacity, sapience, profoundness of thought. *Ludens* refers to the playfulness of man and is derived from the Latin *ludus,* a child's game, a place where mind and body are exercised. The verb *ludere* means to play or to amuse one's self. The *Ludi* were the public games in honor of the gods. *Ludus Literarum* was a school for learning the elements of knowledge.

Homo Ludens more accurately reflects that quality of the species-of-animal, man, which learns, invents ways for and enjoys playful activity. This name also reflects the fact that mind-and-body exercise (in giving and attracting stroking) is a keystone of man's liveliness, aliveness (or as some are prone to call it, "mankind's immaturity and the problems which humanity makes for itself").

The games-people-play (whether successful or unsuccessful by other definitions) are central to the maintenance of life, i.e. the stroking (biological) advantages. No other time structuring activity conveys the "psychological bread" that a game does.

PARENTAL SUCCINCTISM

"Oh, you're just playing gameS!" "Stop playing gamesS and be serious!" "I don't want to play any of your gameS now!"

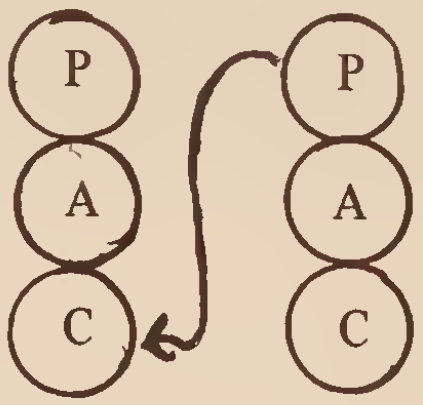
The above are said in a disparaging tone. The plural of the word "game" is reminiscent of the use of the pronoun "we" as with "supermommies" on a hospital ward telling patients "Now we will take our bath!"

The speaker of the "your gameS" lines is disparaging, belittling and unsympathetic toward playfulness procedures.

1. Latin research by Kenneth Ernst, ITAA(RM).

With these phrases he is trying to stop the other person in order to "finish getting my point across to you." These Parental "points" tend to be tedious, tricky or trying to the would-be listener. The Parental talker is trying to stop the other person's activity which might blunt the sharpened point of his pointed remarks.

"De-point" Procedure:



"Your gameS!"

FORMULATION: CONTRIBUTING TO A SUCCESSFUL CONJUGAL UNION

A woman, in being a successful mate, is periodically "a bitch" while attracting and holding a spouse. A man who is successful in attracting and holding a playmate is, on occasion, "a bastard."

Difficulties for extending conjugal relationships lie less in the vigor with which encounters are carried out with each other, e.g., as with assaultiveness; instead it is more a matter of the length of time of cut-offs and separations between the partners where the difficulty lies for the two persons (a couple). The extending, lengthening of intervals of time between their encounters with each other is the trouble; i.e., where there is absence of stroking between partners.

The sustaining stuff of life between partners comes from the particular, uniquely specific stroking which each gives the other: be it curled, sneering lip, deliciously heated vagina, infuriatingly premature ejaculation, physical assaultiveness. This view then makes it possible to account for the healthy longevity of some couples "who have fought with each other all of their married life."

This is, however, in contradiction to extant judicial opinions, legislative and penal codes and societal prejudices, e.g., that a man

must not, should not and ought not to beat his wife. The fact is that many marital contracts would not continue to exist if non-assaultiveness were to be strictly adhered to in the relationship.

RX FOR G-W OF HIVES

"Work it so you get called by your first name more often."

In group, in family and in one-to-one therapy sessions, urticarial lesions have receded within 6 hours and less for the use of the patient's first name, by the patient getting his first name given to him ten or more times in a session, as the sole additional treatment medium.

Persons with repeated episodes of hives have been told explicitly "Get yourself called by your first name more often, more regularly." "Get your first name back to you at least fifteen times a day." This is done, e.g., by the hive-ridden person using the names of the other persons with whom he is in touch. Persons with hives are pale-faces. Increasing the use of their first name to them leads to more warm-faces.

Clinical Hypothesis: Rheumatoid arthritis and urticaria (repeated hives) may be based on similar psycho-physiopathology.

*These quotes are from *The Encounterer,* Vol. 2, No. 21, January 1, 1970. Editor: F. H. Ernst, Jr., M.D. An Information Service for Group Psychotherapy Professionals. Published under the Auspices of the Golden Gate Foundation for Group Treatment, Inc., P.O. Box 1141, Vallejo, California 94590. Subscription $2.50 per year.

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A PSYCHOLOGICAL THEORY OF POSITIONS

*GLENN A. HOLLAND, Ph.D.**

Thomas A. Harris, M.D. has taken the stand that "I'm not-OK, You're OK" is a position which the child develops as soon as he is subjected to any kind of socializing influence. The original Berne TA theory is that the child starts life in the "I'm OK, You're OK" position, that he maintains this position until accumulated experience forces him to change it, and that the nature of subsequent positions taken depends upon the specific nature of his experience. An understanding of the development of positions based upon learning theory resolves these differences.

The state of the child when his needs are being met is "I'm OK, You're OK." Any significant frustration of the child's efforts to satisfy his needs, however, results in an outburst of affectively toned behavior. Yale University theorists have long since proposed that the most basic response to frustration is anger, leading to an attack upon the source of frustration. This can be seen as a primitive form of the position: "I'm OK, You're not-OK."

When attacks upon the source of frustration are not successful, and especially if they lead to a worsening of the child's situation, the original response of anger changes to one of fear. This is the primitive form of the position "You're OK (bigger, stronger, fearful), I'm not-OK (weak, ineffectual, afraid)." This position is reinforced if the behavior predicated upon this position (such as submission or inhibition) results in a reduction of anxiety.

If conforming behavior does not produce any significant diminution in anxiety, the final position is arrived at, namely, "I'm not-OK, You're not-OK." Withdrawal by means of physical escape, autism, or regression is the expected response to this situation.

Positions other than "I'm OK, You're OK" originate, then, on the basis of experience which indicates that dominating, appeasing, or retreating is the appropriate form of response to frustrating situations. These response sets develop toward other similar situations in the form of response generalizations. These sets, finally, become anticipatory and, as such, may be referred to as expectations.

Since all the developments referred to can occur at sub-human levels, they obviously do not require language and can happen to the pre-verbal child. It is entirely appropriate to say, under these circumstances, that positions are initially arrived at rather than decided upon.

The significance of language development is that it enables the child to make a much more general formulation than might otherwise arise at a purely behavioral level. Responses can generalize to all situations which are designated by the same sign ("home") and also by signs of similar meaning ("house," "family"). This is referred to as "mediated generalization." The child who notes that he is generally able to overcome frustrations through his own efforts can verbally predicate: "I am OK." In this he may be helped by the "You are OK" evaluation which others confer on him. All other predicates regarding "I" and "You" and "OK" and "not-OK" are arrived at in the same way. It is not until some such verbal formulation as this is made by the person himself as a guide for his own future behavior that it would be appropriate to say that he has taken a position, although more primitive sets and expectancies will be noted prior to this explicit definition of positions.

Because the child's success in coping with his environment is not necessarily consistent, we can expect the child to develop discriminations. He recognizes that he can control his environment in situations X, Y, and Z and is therefore "OK" in those situations, and that he cannot control it in situations M, N, and O and is therefore "not-OK" in those situations. Likewise, others are sometimes "OK" and sometimes "not-OK" in their responses to his behavior. We do not expect the child to have one consistent set of expectations or a single position but rather to have different positions in situations which have had different outcomes for him.

This approach to understanding positions indicates that positions and ego states must develop simultaneously and in a highly correlated way during childhood. The natural Child represents the behavior, thoughts, feelings, etc., which are consistent with the "I'm OK, You're OK" position. The compliant or adapted Child indicates feelings, thoughts, and behavior consistent with the "I'm not-OK, You're OK" position. The defiant or manipulative Child operates from the "I'm OK, You're not-OK" position or its non-verbal precursors.

Autism and regression in childhood may be regarded as alternative ways of coping with the basically intolerable "I'm not-OK, You're not-OK" position. Autism minimizes awareness of this position, while regression may serve to reinstate an earlier, more acceptable position.

The question of whether a person pursues one or more scripts (such as counterscript) can also be dealt with within this frame of reference. Healthy scripts are associated with the OK-OK position and are adopted and pursued by the natural Child (the Adult in the Child). Unhealthy scripts are consistent with the other positions and Child ego states. The pursuit of the healthy script or of one or another kind of unhealthy script is in proportion to the relative cathexes of the ego states with which each is associated. This serves to reinforce the conclusion that recathexis is a primary objective to be pursued in treatment.

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BEHAVIOR MODIFICATION AND TRANSACTIONAL ANALYSIS

WILBUR A. TE SELLE, M.A.

Behavior modification and transactional analysis are patterns for therapy to develop an individual's ability to conduct his own affairs effectively. The purpose of each is to facilitate the development of realistic and functional attitudes, habit patterns, and perceptions of self and of others. The goal of each is for clients to become effective and autonomous individuals with increased potential for self-actualization.

A comparison of behavior modification and transactional analysis is appropriate. Both are being widely used. Both have demonstrated clinical successes. Both have professionals and sponsors dedicated to their development who maintain that their approach needs only broader understanding and wider acceptance to make a significant contribution in solving many personal and social problems. Both are used in working with delinquents and with the mentally retarded as well as with the average range of the population, those functioning acceptably but involved with improvement. Both conduct conferences and have literature.

Are these two approaches to improved mental health and better interpersonal functioning in conflict or competition, or are their contributions supplementary? Should members of the helping professions become involved with both disciplines to be professionally adequate? Are behavior modification and transactional analysis compatible approaches, or does dedication to the use of one preclude the use of the other except as an alternative method?

Eventually the contribution of each will be determined in the marketplace of comparative effectiveness, with each making its contribution, demonstrating its effectiveness, and resting its case to the rough justice of pragmatism. However, since professional literacy requires keeping abreast of what is being done in the field, some comments will be made concerning the two disciplines.

Behavior modification emphasizes that desirable behavior rewarded or reinforced will tend to be repeated, while undesirable

behavior punished or negatively reinforced will tend to be discontinued. The art and the science of what pattern of reinforcement, positive or negative, will be effective in securing the desired responses, is the essence of behavior modification. Among the variables are the nature of the reinforcer (reward or deterrent); the pattern of reinforcement, whether with a fixed or a variable ratio of response to behavior; and the timing of the reinforcement, whether reinforcers are administered after a fixed or a variable interval of time, and whether or not they are administered after every occurrence of the behavior under consideration. Shaping is a well-defined concept; it consists of reinforcing small approximations of desirable behavior, or small movements toward it, in the initial period of changing behavior, so that successful achievement becomes a reinforcer.

Transactional analysis recognizes that an individual experiences and presents to the world three ego states, designated as Parent, Adult, and Child. The Parent—the incorporation of the real parents and others who raised the individual—is often seen as moralizing, sloganizing, judgmental, and rigid. The Adult is the collection of facts and the use of facts, a non-feeling computer. The Child is the actual individual Child, whose responses, both originally and as re-lived by association throughout life, are dominated by feeling. Primarily, the thesis of transactional analysis is that a child learns to evaluate himself and others as OK or not-OK during the early years of his life, then develops specific behavior patterns on the basis of this perception. Therapy consists of making him aware that in the present he is in charge of his emotions and his behavior, that he can make autonomous choices in the present to use new behavior and feelings.

Transactional analysis refers to the individual's script, the story he is acting out in his life. It is concerned with strokes, or indications of approval or acceptance, typically physical for a child but also social and verbal throughout life. In transactional analysis, interactions are represented as vectors between the Parent-Adult-

Child ego states of two individuals, with each person represented by three tangent circles, Adult in the middle, Parent above, and Child below. Transactional analysis is concerned with the structuring of time, using the classifications of rituals, pastimes, activities, intimacy, withdrawal, and especially games. Gestalt and other techniques are frequently used with transactional analysis in therapy.

The California Youth Authority is making a comparative study of behavior modification and transactional analysis at the Northern California Youth Center in Stockton. The Karl Holton School is being administered using behavior modification principles; the O.H. Close School uses transactional analysis. At the Karl Holton School a point system is in effect. To be released, and to obtain specific advantages at the school, wards must earn an assigned number of points in each of three areas: academic, convenience behaviors (basic liveability), and critical behavior deficiences. At the O.H. Close School the entire staff is trained in transactional analysis and every ward meets with a small group twice weekly.

The California Youth Authority uses the Interpersonal Maturity Level classification. The I-level is a typology or classification system which focuses on the ways in which the delinquent is able to see himself and the world, especially in terms of emotions and motivations. It is related to his ability to understand what is happening between himself and others as well as between other people. It classifies youth into three maturity levels, representing the general manner in which he views the world around him.

When the Northern California Youth Center research is completed, a comparison of the effectiveness of behavior modification with that of transactional analysis may be expected for each of the I-level classifications. The documentation will be pragmatic, with recidivism as an important criterion. When the project is competed it should be possible to judge with some confidence whether one approach is better than the other, and, with some discrimination, the type of person with whom each approach will be most effective. To make comments now is not to anticipate results of the research, but to get them in perspective.

In using the behavior modification approach, the person administering it is the one who discriminates and selects the desirable or the unacceptable behavior. A specific behavior is the primary

focus, although other behaviors may be expected to change at the same time. In a rapidly changing society the use of behavior modification could serve more to crystallize an already intransigent stance than to facilitate change. In using transactional analysis, the subject may have more freedom, more option. His awareness of his own dynamic may "free up" a greater sense of autonomy and self-direction. This basic difference of approach may be the key to the extent to which each approach will eventually be used.

It may be that when re-training is specifically indicated, such as in dealing with the brain-damaged, or in overcoming a specific schoolroom habit such as wandering around the room, behavior modification will be indicated.

It may be that a freely autonomous individual may be a more reasonable expectancy from the transactional analysis approach, and TA may be specifically indicated when the dynamic of the individual's maladjustment involves warring within himself. This would certainly seem to be indicated by the notable success of the Schiffs in dealing with schizophrenics, where re-parenting was the conscious objective and seemed to be realized.[1]

Finally, it may be that the extent to which these two therapeutic approaches are compatible will be the one area not covered by the California Youth Authority research project. Both behavior modification and transactional analysis are demonstrably effective in therapy, but their synthesis, the pattern by which each can contribute to the effectiveness of the other, needs exploration. Freedom to use the principles of both behavior modification and transactional analysis would seem to be the indicated policy for the eclectic therapist, both for being effective and for obtaining new professional insight.

1. Schiff, J.: "Reparenting in Schizophrenia," TAB 8:45-75, July 1969.

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This article was first read as a paper at the Professional Seminar of the Western Institute for Group and Family Therapy in March 1970.

A SCRIPT APPARATUS

*HARLAN T. HERMANN, M.D.**

The following excerpts from a group session show a script, counterscript and potential tragic ending.[1] The patient, diagnosed as schizophrenic, is 36, unmarried, and reports he has been hospitalized eleven times in various hospitals. Psychological testing done in 1967 indicated an IQ of 68; he claims he left school in the 4th grade.

During the second group session, the patient talks about how he got hospitalized:

PATIENT: I always tell them I'm from South Dakota, but this happened when I was young, made me against my home state. Thirteen years old, that's when I left it. I left my folks, my relations and all. I went to Mountain Home, Idaho; Boise, Idaho; Nevada, Wyoming, Arizona, Texas. And I haven't told nobody yet really why I left my relations, and why I left my home state or nothin'. Nobody knows that problem. I'm not gonna tell nobody either. I left school and just took off on my own. Oh, I'd go back and see my folks, but maybe I wouldn't see them for four or five years. Go back and see them, stay a week, maybe two weeks and then take off again. I've been on my own ever since I was thirteen years old . . . IT'S ABOUT TIME I HAD SOMEBODY TO TAKE CARE OF ME *(back of sweatshirt).*

DOCTOR: Maybe it's about time you had somebody take care of you. You feel like you've been on your own a long time.

PATIENT: Yes, I sure have. I BEEN ON MY OWN A LONG TIME *(front of sweatshirt).*

DOCTOR: That was pretty young to go on your own.

PATIENT: When I was in fourth grade at school. It was 2 o'clock that afternoon. I got up and told the teacher to go to hell . . . I'M LEAVING THE STATE and she says "Just a minute," she says, "Are you really leaving?" I SAYS "YOU'RE DAMNED RIGHT I'M LEAVING THIS SCHOOL, I AM LEAVING MY RELATIONS, EVERYBODY *(decision).* I got home about 2:30 that afternoon; I had my books and everything. I did save enough money to get a bus ticket, and I

1. Steiner, C.: "A Script Checklist," TAB 6:38-39, April 1967.

told Dad when I wrote a note, "Well, I'll see you when I come back again, but I do not know when." That's all I put on the table . . . First thing I knew I was in Mountain Home, Idaho, then I was in Boise, Idaho; got out of Idaho and went to Wells, Nevada. I worked on a cattle ranch. I went to Boise, Idaho, worked on a dairy there; left, went to Phoenix, Arizona, signed on at the DXA ranch . . . Came back to South Dakota and went into the Air Force. I spent four years in the Air Force, still ain't settled down. I still want to go on the bum . . . not really on the bum, I want to travel. In Nevada they told me that the next time you come out here you'd better have a State, you've got to have some kind of school or something to show that you did have school so you can get a job and hold it. Well, I says, I won't come back to Nevada again I said, I'll skip Nevada. So I never went back to Nevada, but I have been in Salt Lake City, Utah. I worked in a factory in Salt Lake City. That's what I like to do, work awhile, get on a bus, and go to another state and work awhile there . . .

DOCTOR: You've really enjoyed traveling around?

PATIENT: Yes, I did, but I think there ought to be a better way besides working half the time.

DOCTOR: You have to work half the time to do that?

PATIENT: Yes.

DOCTOR: And you don't get settled down when you do that?

PATIENT: No.

DOCTOR: You think there are some advantages to settling down?

PATIENT: Well, yes there is, if I could make up my mind to, but I don't know. I don't mind working and traveling. I think it is fun in a way. But THERE'S ALWAYS GOT TO BE A TIME WHEN YOU HAVE TO SETTLE DOWN, MAKE A NEW LIFE *(counterscript)*. You just can't be doing that forever. I know that, there's got to be a stop to it. SURELY YOU'LL GET TOO OLD FOR THAT, AND THEN WHERE WILL YOU GONNA BE . . . I KNOW WHERE I'LL BE, I'LL BE IN A HOSPITAL WANTIN' OUT . . . WON'T GET OUT BECAUSE I'LL BE TOO OLD TO GET OUT . . . THAT'S THE SIZE OF THAT *(tragic ending)*. I KNOW I'VE GOT TO SETTLE DOWN *(second statement of counterscript)*.

DOCTOR: You'd like to settle down but it seems more likely you'll keep hopping around?

PATIENT: That's right I DO WANT TO SETTLE DOWN, GET MARRIED, AND . . . MAKE A LIFE FOR MYSELF *(elaboration of counterscript)*.

Continued on page 99

PROGRAM
INTERNATIONAL TRANSACTIONAL ANALYSIS ASSOCIATION

8th Annual Summer Conference, August 19-23, 1970
Mark Thomas Inn, Monterey, California

SECTION I
Friday, August 21

11:00-1:00 *Registration*

1:00-1:30 *Welcome*
K. Everts-T. Harris
Section Chairman:
M. Boyce, B.S.

1:30-2:30 *Crisis Intervention with TA*
Louis Paul, M.D.
Discussant:
G. Bush, M.A.

2:30-3:30 Panel: *Training Project in TA*
W. Collins, M.S.W.
M. Edwards, M.S.W.
Discussant:
G. Haiberg, M.D.

3:30-4:00 *Coffee Break*

4:00-5:00 *Scripts Revisited*
F. English, M.S.W.
Discussant:
C. Steiner, Ph.D.

5:00-6:00 *The Future of Sex*
R. Miller
Discussant:
L. Mart, L.C.S.W.

SECTION II
Friday, August 21

11:00-1:00 *Registration*

1:00-1:30 *Welcome*
K. Everts-T. Harris
Section Chairman:
A. Freed, Ph.D.

1:30-2:30 Slide Presentation of *Me, Me and Me*
G. Haiberg, M.D.

2:30-3:30 *Use of TA in Corrections*
D. Johnson, M.D.
R. Mueller
Discussant:
P. McCormick, A.B.

3:30-4:00 *Coffee Break*

4:00-5:00 *TA in a Therapeutic Community*
M. Groder, M.D.
Discussant:
S. Karpman, M.D.

5:00-6:00 *Use of TA with Parents of Offenders*
L. Johnson, M.A.
Discussant:
V. Callaghan, M.A.

SECTION III
Friday, August 21

11:00-1:00 *Registration*

1:00-1:30 *Welcome*
K. Everts-T. Harris
Section Chairman:
J. Horewitz, M.D.

1:30-2:30 *Marathon Retreats with Teenagers*
R. Chartier
Discussant:
M. James, Ed.D.

2:30-3:30 *Plays of Edward Albee*
Louis Paul, M.D.
John Dusay, M.D.
Psychodrama in TA
John Dusay, M.D.

3:30-4:00 *Coffee Break*

4:00-5:00 *Special Speaking Techniques in TA*
L. Drewry
Start Living with TA
F. Wemmer
Discussant:
W. Cheney M.A., M.A.

5:00-6:00 *A Script Inventory*
J. D. White, Ph.D.
Discussant:
C. Steiner, Ph.D.

SECTION I

Saturday, August 22

Section Chairman:
R. Poindexter, M.D.

9:00-10:00 Panel: *Racial Tension and TA*
Melvin Boyce, B.S.
W. Cheney, M.A., M.A.
John Miller, Ph.D.
Fanita English, M.S.W.

10:00-10:30 *Coffee Break*

10:30-11:30 *Re-Parenting Workshop*
Jacqui Schiff, M.S.S.W.

11:30-12:30 *Development of the Adult*
Aaron Schiff, B.A.
Discussant:
R. Zechnich, M.D.

12:30- 2:00 *Lunch*

2:00- 3:00 *Good Guys and Sweethearts*
Amy B. Harris
Discussant:
K. Everts, M.D.

3:00- 4:00 *Script Analysis*
Claude Steiner, Ph.D.
Discussant:
S. Karpman, M.D.

SECTION II

Saturday, August 22

Section Chairman:
H. Capers, Chaplain

9:00-10:00 *Keeping People*
T. A. Harris, M.D.
Larry Mart, L.C.S.W.
Discussant:
J. Dusay, M.D.

10:00-10:30 *Coffee Break*

10:30-11:30 *Outpatient Reparenting*
Marty Haykin
Mr. and Mrs. Irving Weisberg

11:30-12:30 *The Positions for Getting Well*
F. H. Ernst, Jr., M.D.
Discussant:
S. Samuels, M.D.

12:30- 2:00 *Lunch*

2:00- 3:00 *Therapeutic Boundaries in TA*
Hermund Wong, M.A.
Discussant:
V. Callaghan, M.A.

3:00- 4:00 *Winners*
Craig Johnson, M.S.W.
T. A. Harris, M.D.
Discussant:
J. Horewitz, M.D.

SECTION III

Saturday, August 22

Section Chairman:
J. Olivier, M.D.

9:00-10:00 *TA in Large Groups*
Elizabeth Palms, M.A.
Discussant:
W. Collins, M.S.W.

10:00-10:30 *Coffee Break*

10:30-11:30 *Visual Aids in TA*
Irene Griggs
"The Gratitude Game"
Ned Budlong

11:30-12:30 *Gestalt Techniques in a TA Framework*
Mary Edwards, M.S.W.
Discussant:
F. English, M.S.W.

12:30- 2:00 *Lunch*

2:00- 3:00 Panel: *Fantasy Techniques and TA*
Anita Roggenbuck, M.S.W.
John Cooper, Ph.D.

3:00- 4:00 *A Floating TA Marathon*
Clyde Brictson, Ph.D.
E. Palms, M.S.W.
Discussant:
G. Bush, M.A.

4:00- 5:00 Panel: *Women's Liberation Movement*
V. L. Callaghan, M.A.
Pamela J. Levin, R.N.
Amy B. Harris
W. Slenger, M.D.
Solon Samuels, M.D.

7:30 Banquet

8:30 Memorial to
Eric Berne

SECTION I

Sunday, August 23

Section Chairman:
P. Crossman, A.C.W.

9:00-10:00 *Permission Classes*
Ursula Steiner

10:00-11:00 *TA Marathons*
T. A. Harris, M.D.
C. Johnson, M.S.W.
L. Mart, L.C.S.W.
Discussant:
W. Collins, M.S.W.

12:30 *Business Meeting*

4:00- 5:00 *"Korner"*
Barbara Miller, R.N.
Discussant:
R. Zechnich, M.D.

7:30 Banquet

8:30 Memorial to
Eric Berne

SECTION II

Sunday, August 23

Section Chairman:
J. Cooper, Ph.D.

9:00-10:00 *The Witch-Mother's Message*
Rev. John G. Barnes
Discussant:
C. Steiner, Ph.D.

10:00-11:00 *The Computer Personality*
Robert Zechnich, M.D.
Discussant:
G. Gritter

12:30 *Business Meeting*

4:00- 5:00 *Activity of Listening*
F. H. Ernst, M.D.
Larry Mart, L.C.S.W.
Discussant:
R. Wald

7:30 Banquet

8:30 Memorial to
Eric Berne

SECTION III

Sunday, August 23

Section Chairman:
S. Samuels, M.D.

9:00-10:00 *TA vs. Traditional Methods with Psychotics*
T. A. Harris, M.D.
Discussant:
J. Schiff, M.S.S.W.

10:00-11:00 *Use of TA by the Clergy*
Ford Lewis, Ph.D.
Marc Kluender
Adult Protection for Kids
Carol Budlong
Discussant:
H. Capers, Chaplain

12:30 *Business Meeting*

A SCRIPT APPARATUS

Continued from page 95

DOCTOR: What was it like when you were growing up?
PATIENT: My parents, we didn't get along. I did kind of stick closer to Dad than I did the rest of them. When I was in the first grade, I didn't want to study anyway . . . and then I'd bring my books home, and Dad would tell me I had to study. Well, I wouldn't study, and then I'd get a whippin' and so that done it! . . . I DECIDED WHEN I'M THIRTEEN . . . I TOLD THEM WHEN I WAS IN FIRST GRADE, YOU CAN WHIP ME NOW, AND DO WHATEVER YOU WANT TO BECAUSE WHEN I GET TO THE AGE OF THIRTEEN YOU'RE NEVER GONNA GET TO WHIP ME AGAIN. Mom laughed, and said "Now bragsy, now be big, you just got paddled." I SAID OK, MOM, YOU DON'T BELIEVE ME NOW, BUT WHEN I GET 13, I'LL BE IN FOURTH GRADE, I'M GOING TO QUIT SCHOOL AND TAKE OFF *(elaboration of decision—I'm OK, You're not-OK).*

**Dr. Hermann is Chief of Psychiatry and Neurology at the Veterans Administration Hospital in Fort Meade, South Dakota 55741.*

* * *

BRIEF COMMUNICATIONS

"DE-COURTING" FOR DIVORCE

Using TA treatment with persons involved in divorce, this writer makes a contract with the parties for a "de-courting period" equal to the original courting period.

During the courting period the Natural Child spins a romantic cocoon in which to store the "live-happily-ever-after" fantasy, plus dreams of how it is going to be. The natural child romantically ignores reality and does not allow itself to be concerned with or anxious about the obvious crossed transactions. The fairy tale is: "It (divorce) can't happen to us."

The turbulent period prior to, during, and after divorce inflates the not-OK Child in each of the parties like a blister. If the blister is ignored (not treated) and is broken open by NIGYSOB, there is a tendency to withdraw or retaliate with IFWY, *Ain't It Awful, Look How Hard I Tried* and *Courtroom* with relatives and friends as well as with the children.

The Contract for "de-courting" provides the impetus for legitimate transactions which will untangle the romantic fantasies of the Natural Child. The parties contract with each other to: 1) enjoy each other's OK child, 2) unravel their relationship gently, 3) deal realistically with childlike wishing, 4) acknowledge that ALL persons are important, and 5) become aware that, "If I devalue you, I devalue myself" (Dr. Thomas Harris).

This writer received a telegram from one of the parties exposed to the "de-courting" contract about half-way through the time agreed upon. It read: "I AM OK. It's a groovy feeling."

Lois M. Johnson, M.A., C.P.E.
Judge, ITAA(RM)
Kalamazoo, Michigan

PAC FOR ADOLESCENTS

As a caseworker at Family Service Agency in Lafayette, Indiana, the writer works with a group of 13 and 14 year-old girls.

Some of their problems include family, school, teacher, and peer relationships; stealing; and sexually acting out. The group meets weekly for one and one-half hours to talk about these problems and the girls' feelings about them.

At a recent meeting the writer asked Melody (age 13) to explain Parent-Adult-Child to Kathy, who had not been present at the time it was first discussed in the group. Melody said "the best way to explain it is to give an example." She gave the example and did it so well that we asked her to write it out. This is the example exactly as Melody wrote it:

THE PAC SYSTEM
(Parent, Adult, Child)

"Now your down town and you walk in to a store and you see something you like and it costs like 7$ and you only got your weekly allowencees like $2.00 so you stays there and think about stealing it so your Child system says go ahead take it. It isn't going to hurt the store even if you get caught yoll get out of it and your Parent system say don't take it you wasn't raised to do that sort of thing. Now you got 2 different systems telling you what to do. Now if you listen to your Adult system you get, come back in 2 weeks and buy it instead of taking the risk of getting caught. You don't always get out of this sort of thing."

Marylynn Goldhaber, M.S.W.
Family Service Agency
Lafayette, Indiana

DISTINGUISHING BETWEEN ROLE AND EGO-STATE

In teaching TA the writer notes that new students often confuse role and ego state. I now stress the distinction, with examples.

In teaching, for instance, I am in a Parent role, which is appropriate to the situation and to the contract. But I might, at various moments, be in any one of three ego states. Similarly, the

student in class is in a Child role, but might be in an Adult or Parent ego state.

By emphasizing the distinction between role and ego state I can demonstrate how the Adult ego state can maintain the Executive through accurate assessment of the *present* Situation. A teacher or therapist will not be NIGYSOB'ed by the statement, "You're acting like a Parent," unless he's inadvertently in the Parental ego state.

Let's take a situational example: my daughter is driving me to the hospital to X-ray my sparined ankle. In life, my role with her is Parent, hers Child. (Of course within that our respective ego states vary, appropriately or not). In the above situation, however, my daughter is in the Parent role, and I am in the Child role. While recognizing this can help us both maintain an Adult ego state (she carries the responsibility for driving, helping me out of the car, etc.) neither of us needs a Parental ego state. If we both maintain the Executive in the Adult, by awareness that the situation called for a shift of roles, we can, driving through the country, enjoy pleasurable Child-Child transactions.

Fanita English
ITAA(CM) and Trustee
Philadelphia, Pennsylvania

TA ANALYSIS OF THE BATTERED CHILD SYNDROME

Funny ("weird," "strange," "crazy") ideas existing in a mother's Child Ego may produce consequences in her offspring. Perhaps it may be profitable to make a tentative effort at further explication of her Child state.

When her craziness exists in the Parent section of her Child Ego (CP), it will be aimed at her offspring's CP as an injunction. When her craziness exists in her Child's Adult (CA), an episcript will be passed on to the offspring's CA (see English, "Episcript and the Hot Potato Game", TAB 8:77-82). When her craziness exists in the primitive part of her Child Ego (CC), it will result not in psychic trauma but in the direct, physical violence to her offspring which has become known as the "battered child syndrome".

Grant Griffith
Director, Alcoholic Rehabilitation Unit
Haverford State Hospital, Pennsylvania

TA AT A FEDERAL PENITENTIARY

Believed to be the only program of its kind in the federal prison system, the Therapeutic Community of the U.S. Penitentiary at Marion, Illinois is using Transactional Analysis as one of its basic tools. The Community publishes a newspaper, *Reality*, devoting each issue to one aspect of TA with supporting articles collected from various sources as well as an outline of a Game from Eric Berne's *Games People Play*. A recent issue, for example, was concerned with the Crossed Transaction and included in addition to other articles an outline of *Rapo*. The paper also features contributions by members of the Community discussing what the Therapeutic Community has meant to them.

The paper states its purpose: "By publishing articles which reflect our concepts, methods and goals, we hope to assist in introducing a breath of sanity into the transactions and dealing of people with other people, particularly within the framework of the penal system."

Reality is distributed free of charge throughout the United States to those who desire to be on the mailing list, and will print articles by contributors if they are pertinent to the goals of the Community or the problems of corrections. The Director of the Community is Martin G. Groder, M.D., U.S. Penitentiary, Marion, Illinois 62959.

* * *

TA'S WIDENING USE WITH THE MENTALLY RETARDED

That TA could be used effectively with the mentally retarded was definitively demonstrated more than two years ago by Dr. Denis Marks, a pediatrician and Medical Director of Laurel Hills, Sacramento, California, where he introduced TA and continues to use it. An hour-long videotape (1-inch Ampex) made in 1968 yields proof positive that PAC and the four positions are not too difficult for MRs but actually are learnable and usable.

In the spring of 1970, the Alameda County Mental Retardation Service (MRS), headed by pediatrician Dr. Virginia Y. Blacklidge, offered a 10-lecture TA series to parents of MRs with Warren D. Cheney, ITAA (CM) of the Berkeley Transactional Analysis Institute, as lecturer. Presented as an Adult Education course at Oakland Technical High School, the series attracted 46 registrants, approximately half of whom were professionals, special education teachers, nurses and administrators; the other half was composed of parents and foster-parents of MRs.

The lectures covered all segments of a standard TA 101 with illustrative case material drawn from experiences of MRs and their problems both at school and at home. The first half of each session presented theory, the second half operated as a workshop. At the final lecture, the class was shown Dr. Marks' videotape of his use of TA at Laurel Hills.

Enthusiasm over the potential of TA with the mentally retarded led to a special summer MR workshop conducted by Mr. Cheney at the Berkeley TA institute. In addition, a repeat of the lecture series sponsored by the Alameda County MRS is scheduled for the fall semester at Chabot College, Hayward, while a special workshop in the Adult Education series will offer case-work for both parents and their MR children seen together, using videotape for instant playback. The latter feature will afford opportunity for the participants to really see how they are coming across, and in what ego states they are operating. Non-verbal communication, often highly important with MRs, will be taught as a special skill together with TA.

A year from now, after parents, foster-parents and professionals have had ample opportunity to try out and use TA with MRs, a progress report will be prepared for TAB. Mr. Cheney's prognosis is: TA will be found to be a significant new tool to deal with MRs, both for behavioral control and for improved communication.

* * *

CALENDAR

August 19-23: *ITAA Summer Conference,* Mark Thomas Inn, Monterey, California

September 1-3: Annual Meeting of the *Association for Humanistic Psychology,* Miami Beach, Florida

September 3-8: Annual Meeting of the *American Psychological Association,* Miami Beach, Florida

January 8-10: *ITAA Executive Congress* (for Advanced Members) and Examining Board, San Diego, California (SANTAS hosts)

TA AT WORLD HEADQUARTERS OF BANK OF AMERICA

Last year, ITAA (SM) Dorothy Jongeward, co-author of the TA book, *Born to Win,* was using principles of structural analysis in her courses in effective speaking and writing for executives of the World Headquarters of the Bank of America, San Francisco. Out of this grew a wider interest in TA among bank executives, and since January 1970, she has given a monthly workshop on "Interpersonal Relations and Communication" for the bank, using the full scope of TA principles.

A new workshop begins every four weeks with a new group of twelve executives, including vice presidents and upper-level management. Each course consists of seven-hour sessions held one day a week for the four weeks. The first two session are devoted to an in-depth discussion of TA theory and the last two sessions to practical application on the work scene.

The participants play manipulative roles, carry out transactions, and enact games. They analyze actual work transactions and situations, discuss alternatives for improving relationships and maintaining straight talk. Participants have been most enthusiastic about the course, finding it fun as well as practical.

Mrs. Jongeward has conducted similar courses for the Shell Management Development Program, the American Management Association, the National Secretaries Association, and the Executive Seminar Center in Berkeley (an inter-agency training center for federally-employed executives). Branches of the civil service for which she has taught courses include the Bureau of Reclamation in Sacramento, the Department of Housing and Urban Development, the Social Security Department in San Francisco, the SEC, and the U.S. Army. She also conducted courses at the Juvenile Halls of Martinez and Richmond, California.

As we go to press, word has come that *Born to Win, Awareness with Transactional Analysis and Gestalt Experiments* will be published by Addison-Wesley, Reading, Mass. during the coming season.

A card prepared by Dorothy Jongeward for participants in her course is reproduced here with the permission of the Bank of America.

STRUCTURAL ANALYSIS

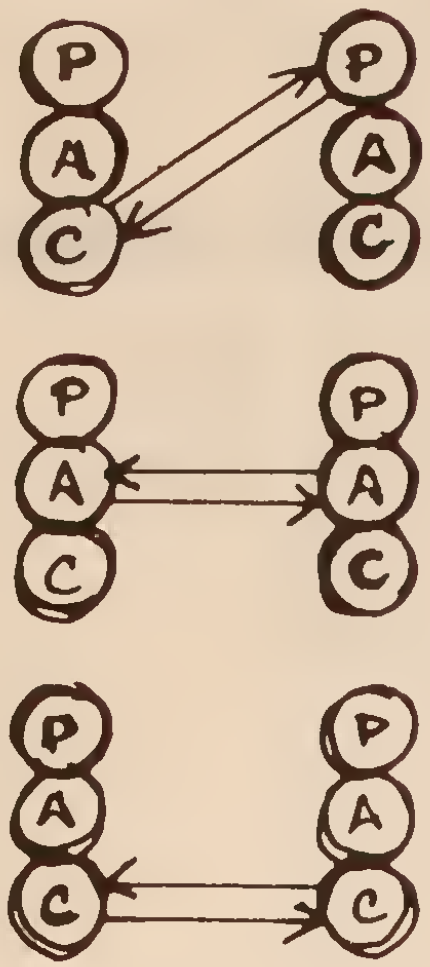
Parent Ego State — Sometimes you act and believe as your parents did--often critical and nurturing.

Adult Ego State — Sometimes you think for yourself, gather and process data, and deal with current reality.

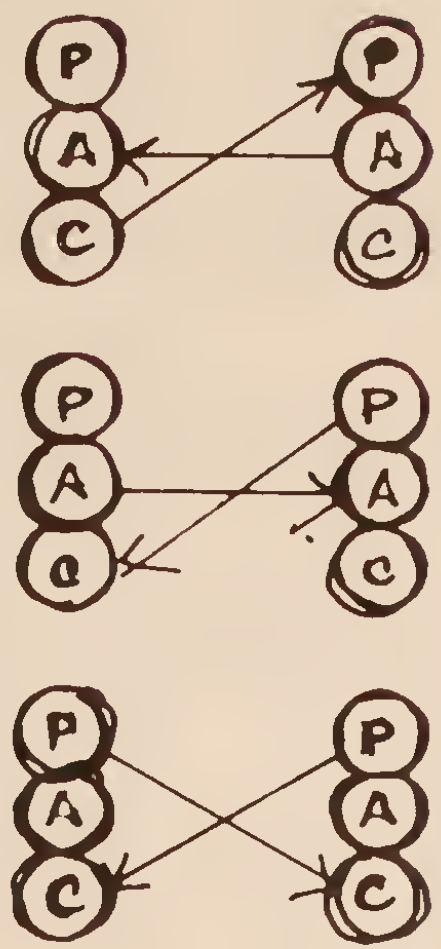
Child Ego State — Sometimes you act and feel like the child you once were — charming, playful, rebellious, fearful, selfish, manipulative.

TRANSACTIONAL ANALYSIS

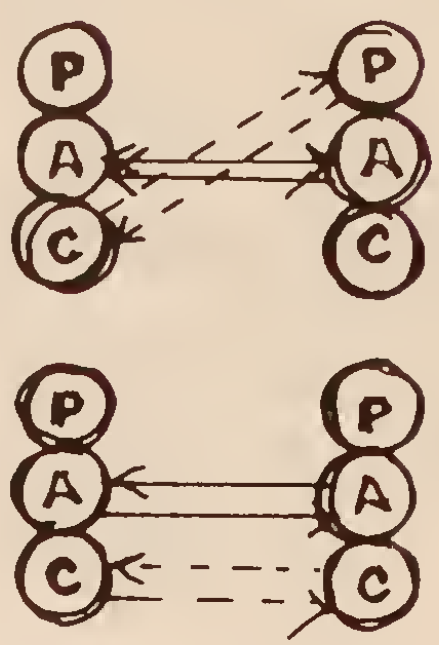
Communication is open when transactions are complementary:



Communication is closed off when transactions are crossed:



Communication is destructive when transactions are ulterior (discounting, games):



Four Life-Positions are:

- I'm not OK / You're OK
- I'm OK / You're not OK
- I'm not OK / You're not OK
- I'm OK / You're OK

Prepared by . . .
Mrs. Dorothy Jongeward
for her course in
"Interpersonal Relations
and Communication"
© 1970 Bank of America
N.T.&S.A.

TRAINEESHIPS OPEN AT SCHIFF REHABILITATION PROJECT

Traineeships in the Community of Fredericksburg, Virginia are being offered for a period of one year, September 1970 through August 1971. The progress will be profitable on both theoretical and interpersonal levels for those interested in learning re-parenting and experiencing TA as a life style.

During much of their time with the program, trainees will be involved with various aspects of the community, with emphasis on the therapeutic community. The scheduled time structure will include participation in a family group at one of the units each week, a trainee meeting to deal with specific problems trainees experience within the community in relation to their functioning, a theory meeting to present and discuss material relevant to the interests and requirements of both the project and the trainees, and participation in a TA seminar.

Trainees are expected to operate as responsible members of the community, functioning in ways consistent with their training skills and interests. There will be adequate non-scheduled time for trainees to structure their involvement in terms of their unique characteristics as individuals.

Salary will be $1800 for the year's program, with meals and housing. Special arrangements will be made for married couples.

In considering applications, the program is most interested in how the traineeship may contribute to the growth of the individual and the particular skills and investment he can bring to the Community. Preference will be given to young professionals with some background in TA and/or completion of the 101 course. Consideration will aso be given to those whose backgrounds and skills could contribute to aspects of the Community other than the treatment structure, such as members of religious or educational communities.

For further information and application, contact: W.R. Akin, Jr., Training Director, Schiff Rehabilitation Project, P.O. Box 116, Fredericksburg, Virginia 22401.

STATEMENT OF ITAA FINANCIAL CONDITION

Following is a statement of condition of the ITAA accounts. After considerable effort, research and compilation of records, we are able to give a financial report showing the assets and liabilities at the beginning of our current fiscal year, as of January 1, 1970.

Much of the confusion that resulted last year was due to accounts not being up to date and the constantly increasing volume of office and financial transactions. Through the efforts of Viola Litt Callaghan, Gwen McEwen, David Kupfer, Ken Everts, Phyllis Collins and myself, we have been able to bring some order out of the situation of the past. Virginia Hilliker is continuing to post transactions on a current basis along with doing a tremendous volume of other office work. She is in the unenviable position of working at a time when activities are increasing rapidly but income is increasing slowly.

President Everts has held to an austere policy in financial affairs. The result of all of this is, first, adequate current records and increased efficiency. Financially, the biggest advantage is that we are steadily building up a favorable balance. It will be noted that a loan arranged last year by David Kupfer has been paid and that all bills are on a current basis. We will, of course, encounter expenses for the summer conference, but this time we have funds to pay them. Should we also realize a profit, as we plan to, the accounts will again be in good condition. We expect by the summer conference to have a proposed budget and fiscal policy worked out for membership approval.

Melvin Boyce
Secretary-Treasurer ITAA
May 26, 1970

INTERNATIONAL TRANSACTIONAL ANALYSIS ASSOCIATION
BALANCE SHEET, DECEMBER 31, 1969

Assets

Cash:	Wells Fargo Bank	$1,514.55
	Bank of America	1,369.81
Accounts Receivable:	ITAA	142.34
	Pubs	70.93
Inventories:	Books (cost)	991.63
	Supplies	122.80
	Furniture and Fixtures	592.80
	Electric Typewriter	600.00
Total Assets		$5,404.86

Liabilities

Accounts Payable:	ITAA	$1,626.97
	Pubs	198.27
Payroll Taxes		484.94
Notes Payable		2,000.00
Typewriter Contract	approx.	450.00
Total Liabilities		$3,760.18
Net Worth		644.68
Total Liabilities and Net Worth		$5,404.86

NEWS FROM AFFILIATES

OKLAHOMA CITY TA STUDY GROUP

By the time of graduation, medical students at the University of Oklahoma will have received at least the equivalent of a "101" course. The principles of TA are now taught didactically as an integral part of psychiatry and behavioral science during the second year and then clinically and experientially in the third and fourth years—in adult psychiatry, child psychiatry, pediatrics and child health care.

Approximately 40 medical practitioners attending year-long humanistically-oriented courses in psychiatry have been trained in using TA in the general practice of medicine. Most of this teaching has been done in experimental-educational group sessions, combining the work of Berne, Perls and Satir, with Allen and Pearman serving as instructors.

Relying primarily on TA principles of treatment, volunteers from a variety of backgrounds have formed a private non-profit corporation and opened the Paseo Center, a "rap center" led by Allen for young drug abusers. During the first three months of operation they have made contact with some 3,000 young people.

In addition, a group of volunteers trained in TA by Kerfoot have played an active role counseling for the city's juvenile court.

PROGRESS REPORT FROM PHILADELPHIA

The Philadelphia Transactional Analysis Seminar (PHITAS), recently formed, is now flying high with exciting monthly programs. Membership, which consisted initially of the director and one member, Fanita English and Tara Eisenmann, has now grown solidly as a result of mailings and a "101" given May 23-24.

In May, Helene Aronson, M.S.W., an experienced group therapist converting to TA, presented a videotape showing how her "process-oriented" group was now being introduced to TA treat-

ment. Because videotape lends itself excitingly to seminar discussion, members can pick up gestures and voice variations, and maintain interest in checking out clues to script, etc.

Professor Arthur Wagner's Theater-and-TA work is described in TAB 9:62, April 1970. In June he gave to the PHITAS Seminar a live presentation of his unique use of TA in teaching theater, with "sample training" to members. Using our own familiarity with ego states, Dr. Wagner directed us in Improvisational Theater. Roles would be interchanged right within a scene; ego state shifts were both directed and experienced. Eventually, however "artificial" the role, credible true-to-life transactions resulted, including spontaneously generated Games—*Uproar, Kick-me, Schlemiel,* etc. The outcomes were surprising to the actors themselves, thus confirming TA Game theory.

As a result of the success of the experiment the Seminar will use this technique to explore client-supervisory relationships, to work with married couples and families, etc. This will be done adjunctively to tape-supervision. For example, a member will present a tape in the usual way some of the time; then seminar members will pick up the role of one or another client in order to offer beginning therapists a variety of treatment experiences.

Arthur Wagner has also initiated TA Script-Analysis of plays. For instance, the Episcript transactions in "Who's Afraid of Virginia Woolf" can be clearly identified and lead to hypotheses about each character's script. This is useful not only to actors but also for training therapists in recognizing connections to script.

NEW GROUP IN SCHENECTADY

PHITAS has begotten it's first offspring! Jack L. Underwood, M.D., of Schenectady, New York, convinced several colleagues to join him in Philadelphia in May to take the "101" course. Result: STRAPS, the Schenectady Transactional Analysis Psychiatric Study-group, was born and has already had its first meeting.

ITAA NAMES IN THE NEWS

Tom Harris, Sacramento, recently traveled to Kansas, where he attended a workshop in Kansas City's Unity Village and visited the Menninger Clinic in Topeka. While there, he also spoke to the Johnson County Mental Health Association and to a group of editors and writers at Hallmark Cards. As part of his work in education, Dr. Harris gave an introduction to TA to teachers in the Vacaville school district and a weekend course at U.C. Riverside, and completed extension courses at Sacramento State College and U.C. Davis. The SSC course included 45 hours of teacher-training and 5-hour minimarathon. While on an earlier trip to Florida, Dr. Harris was invited by a faculty group at the University of Miami to be a consultant on a new textbook for programmed learning.

Larry Mart, Sacramento, attended the Unity Village workshop in Kansas with Dr. Harris, and did a TA program for the staff of Atascadero State Hospital and the Paso Robles School for Boys.

Gordon Haiberg, Sacramento, has been speaking and writing. He addressed a group of Methodist Young Adults from the Bay Area at their retreat in Sacramento as well as a group of clinicians at the University of the Pacific, and has conducted evening sessions with a couples group in a San Francisco parish. Meanwhile Dr. Haiberg's first book—of a series of three presenting an overview of Transactional Analysis combined with "simple truths" and photographs—is now available through the Institute for Transactional Analysis in Sacramento. It is titled *Me, Me and Me: A Primer to Know Me.*

David Kupfer, Carmel, California, has been traveling. On his "yearly Spring Tour" he consulted with hospitals and agencies in Indiana, Iowa and Washington, D.C.; held marathon workshops and taught introductory courses in Connecticut, Indiana, Iowa and Tennessee. In Wisconsin he spoke at the annual regional conference of the Child Welfare League and held a one-day workshop in TA.

Franklin Ernst, Editor of *The Encounterer,* was married last month in Vallejo, California to Jennie Lou Vance Davis. Jennie Lou is a teacher of special education in the Vallejo schools.

Muriel James, ITAA (CM) of Lafayette, California, co-author of the book, *Born to Win,* is touring the Orient this August to introduce TA in several major cities. In **Bangkok** she is giving a TA seminar for the United Nations Institute of Economic Development and Planning; in **Tokyo** she is presenting TA to a conference of U.S. Army psychiatric personnel based in Japan; in **Kyoto** she is offering the TA method to the United Nations Congress on Comparative Criminal Justice.

Fanita English, Clinical Director of the Philadelphia Transactional Analysis Seminar, has recently concluded a training project in Chicago for the Office of Economic Opportunity. The project involved examining TA theory and practice with 25 workers two days each month for six months.

Morris Haimowitz, President of the Chicago Transactional Analysis Seminar, arranged for workers to receive a diploma from Chicago City College at the conclusion of their training. Extensive survey questionnaires confirmed achievement of workers previously considered "non-professional," and because most of the workers are black people working in poverty areas of the city, their present effectiveness is especially useful. They celebrated this OK position with treating Fanita English and Dr. Haimowitz with an elegant dinner they termed a love-feast.

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THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists and clergymen. The teaching is primarily oriented toward group therapy, social dynamics, and personality theory based on transactional analysis. The Association is now in its thirteenth year, and is self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Study Groups are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible. Qualified people can become Associate Members of the ITAA by filling out the blank below. They may become Regular Members after taking a complete Introductory Course or its equivalent, and may apply for Clinical or Special Membership after their training meets the standards of the Membership Committee.

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TRANSACTIONAL ANALYSIS BULLETIN

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CONTENTS

JULY 1970 *Volume 9* *Number 35*

Eric Berne, 1910-1970 73

Eric Berne as Group Therapist 75

Homo Ludens vs. Homo Sapiens
Franklin H. Ernst, Jr., M.D. 84

A Psychological Theory of Positions
Glenn A. Holland, Ph.D. 87

Behavior Modification and Transactional Analysis
Wilbur A. TeSelle, M.A. 90

A Script Apparatus Harlan T. Hermann, M.D. 94

ITAA Summer Conference Program 96

Brief Communications 100

TA's Widening Use with Mentally Retarded 104

TA at Bank of America's World Headquarters 106

Traineeships with Schiff Project 109

Statement of ITAA Financial Condition 110

News from Affiliates 112

ITAA Names in the News 114

TRANSACTIONAL ANALYSIS BULLETIN

Published by the International Transactional Analysis Association Berkeley, California

OCTOBER 1970 ***Volume 9*** ***Number 36***

TRANSACTIONAL ANALYSIS BULLETIN

International Transactional Analysis Association
A Non-Profit Educational Corporation

volume 9
number 36
october 1970

Eric Berne, M.D., Founder and First Editor
Warren D. Cheney, M.A., M.A., Editor
Barbara Kerr, B.J., Editorial Assistant

The Transactional Analysis Bulletin is published in January, April, July, and October to keep members and other interested parties current with the scientific, educational, organizational, and personal activities of the ITAA and its affiliates. All classes of membership in the Association include a subscription to the Bulletin. For institutions and libraries subscription is $5.00 per year, and for professional people not desiring membership, $10.00 per year. Subscriptions and inquiries should be addressed to Transactional Analysis Bulletin, 3155 College Avenue, Berkeley, California 94705.

Papers, clinical notes, news items and letters should be addressed to the Editor at the above address. They should be legibly typewritten, double-spaced, on opaque paper with wide margins.

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SCRIPT REHEARSAL

*JOHN M. DUSAY, M.D.**

INTRODUCTION AND INDICATIONS

Script rehearsal is a new technique which has developed in TA groups and draws heavily upon the expanded theory of scripts as recently discussed by Steiner (1970). It has been experimentally introduced by the author for nine months in six of his groups, of seven to eight patients in private practice, and has also been used as a method of teaching basic psychiatry to post-graduate students. Its use was first suggested by a patient who had attained an adequate Adult understanding of her game of "Do Me Something" (Help, I'm Going Crazy-type), and had achieved moderate social control. It was not certain that she had overcome her script curse (Campos 1970) and she was uneasy that her games would recur after leaving the group. Another patient in the group, Ed, had the ability to make her feel most anxious, and she said, "Ed's so like my mother. If I could get into it with him, I can find out why I get so anxious about leaving." The scene began with role playing and over the months evolved to a full-blown psychodrama similar to that described by Moreno (1959). Because of significant differences and its use of TA concepts, it has been called script rehearsal.

Game control with the script curse remaining is the chief indication for script rehearsal. Other indications are to bring out the creative Child when the therapist decides that the group is too Adult, and when it is necessary to explore a situation occurring outside of the confines of the group, e.g.: "I'm going to ask my boss for a raise tomorrow." This is also useful when emergency situations arise in which a patient must make a critical decision quickly.

TECHNIQUE

The therapist serves as *director* and is active in setting the stage and running the show. The arrangement of the players is of special importance. The *star* is usually the patient who requests the presentation, and he sits in a prominent position vis-a-vis the *co-star* with whom he will act a pertinent scene, e.g., the *star* is the employee and the *co-star* assumes the role of the feared boss. (Other typical scenes are, e.g., a frightened boy asking a girl for a date; or a daughter discussing an unwanted pregnancy

with her father.) Two patients request or are selected to sit in high prominent positions immediately behind the *star*. They are to be the Parent ego-states. Others sit on the floor, preferably with their shoes off, and they are the Child ego-states. They are allowed to have certain props such as toys, crayons and paper, bubble gum, soft drinks, etc. One patient is placed in a position of total visability and serves as a *computer,* being the Adult ego-state. The *director* roams the stage and has no fixed seat. Viewed from above the seating arrangement structurally resembles the script matrix.

The *director* instructs the patients to be the ego-state they are assuming. They are specifically given permission to become the child they once were, or to be their biological parents. The Adult is told to be a *computer,* to perceive, gather data, and describe, not to judge or intuit. The distinction between role-playing and being a child or parent is important (Berne 1966). Certain patients may be unable to cathect a certain ego-state; however, this is not considered a failure of the rehearsal, but a significant clinical finding.

The *director* begins a session by telling the *star* and *co-star* to enact their scene (Scene One, Take One). They are instructed not to respond directly to the other players. The other players inject statements or noises whenever the spirit moves them, e.g.:

STAR (Employee): Sir, I would like to ask you something?
CO-STAR (Boss): What is it?
PARENT (Mother, whispering in Star's ear): Don't be assertive.
CHILD (Naughty): Fat Ass!
STAR (Employee): Do you think I could possibly get-ah-ahh-a raise?
CO-STAR (Boss): Possibly next year.
PARENT (Mother): That-a-boy, go slow.
CHILD (Naughty): I don't like Fat Ass.

As the *star* talks to the *co-star,* he is bombarded by outside influences, some of which resemble or infrequently are identical to his inner Parent and Child, or adapted Child which is basically the same as the Child in his Parent. The distinctions between these ego-states and their clarification are important aspects of the rehearsal. The therapist goes around the room giving permission for players to experience their different ego-states, sometimes by direct example, and occasionally by encouragement, correction, or suggestion. He allows a scene to proceed for about ten minutes or longer if it is especially productive and then calls for a rehash. At this point the *computer* who has been quietly watching is turned on, and if able to cathect Adult may say, e.g.:

ADULT (Computer): George slumped in his chair immediately after Parent whispered "Don't be assertive" in his ear.

Occasionally the *computer* goes on the blink and sympathizes, cries, or in some other way slips out of Adult. The rehash is usually a live A-A discussion of what went on, focusing on the responses of the *star* and *co-star* to certain stimuli, or on the inability of a patient to cathect a certain ego-state.

Following the rehash, usually about ten minutes in length, the *director* calls for a replay or a switch in the position of the players. This switch is sometimes dramatic and reminiscent of the drama triangle (Karpman 1968). For example, a player in the Child position "smiles" as he climbs into the Parent chair anticipating his opportunity to persecute the *star*. Each scene is followed by a rehash. The scenes may be continued from one meeting to the next, and the tendency is for frequent requests by the patients to continue using rehearsals. The *director* usually allows for the patients to set up their positions and their scene; however, he makes it known that everybody will try different positions from time to time.

Script rehearsal is to be distinguished from classical psychodrama (Moreno 1959) in that it focuses on specific, observable transactions and does not place the major emphasis on the freeing of unconscious processes. It relies on the Adult rehash by using the *computer,* and it is seen as an auxiliary to treatment and not the entire treatment process. It does, however, borrow heavily from Moreno's concept of creativity and spontaneity. It differs from most gestalt encounters in that attention is focused on the treatment contract. There is a certain resemblance to the Permission classes (Steiner, U) but differs in that the therapist directs the rehearsal rather than an auxiliary therapist, and the action takes place during the group meeting.

GENERAL FINDINGS

Each member of the group receives permission to do something different and to experience ego-states directly. The Child is turned on and people see themselves differently as they try different ego-states, "Wow! I didn't know I had that in me!" is a typical statement.

The rehearsals are instructive and the Adult of the patients gathers further data by which to analyze games and scripts. Without exception

there have been lively A-A discussions following the scenes. As a method of teaching basic psychiatry, the presence of different ego-states visually emphasizes the different parts of the personality and their interaction. One physical therapy student said, "I'll always be looking for the hidden Parent on my back when I'm talking to my alcoholic patients." (Average attendance in a Friday afternoon class increased from 60% following the introduction of the script rehearsal technique of instruction.)

Protection is afforded the patient by preparing them for external events. Psychotics are less afraid to experience different states as they have some meaningful structure in which to experiment, and there is also protection against wasting time as patients immediately rehash the scenes and can make some sense out of what has happened.

SOME SPECIFIC FINDINGS

Of the multiple stimuli presented to the *star,* it has been noted that certain statements have special meaning, i.e., the *star* may pause, slouch, come on strong, etc., after certain Parental stimuli. Infrequently a stimulus may be so strong that the *star* may stop the entire proceedings and argue with the Parent, interrupting the entire scene, expressed colloquially as, "walking off the stage." The first time that this happened the *star* turned to the *director* and tearfully said, "That's the voice, that's what I'm up against." This was following a Parent statement of "Be a man, hee, hee." The star was in treatment for inability to be assertive with his wife, and he suffered from sexual inhibitions. He then was able to draw a script diagram on the blackboard in the rehash session although he had been unable to do this before attaining an Adult assessment of his problem. The therapist and the group then knew specifically what area needed attention and were able to present alternatives to the injunction laid down by his mother. Many such examples of eliciting key stimuli have occurred, allowing for script discovery by actual experiencing rather than by historical inference.

The inability to cathect certain ego-states was illustrated by a patient who was orphaned as a small child and who, when asked to sit in the Parent seat said, "I am speechless," revealing the lacunae in his Parent ego-state which accounted for his tendency to withdraw from girls whenever they wanted him or needed him to be a Parent. His treatment contract was to have a long involvement with the girl. Shy and inhibited patients who have trouble experiencing Child ego-states have appreciated this opportunity and encouragement.

All groups who have had script rehearsals have requested to have more as this tends to speed up the treatment process. Antitheses to curses are experienced and one of the most rapid contract cures (six weeks) in the author's experience was accomplished during a script rehearsal. Also this seems to be an actual situation in which the script theory can be tested. And patients, either by their direct experiencing or Adult rehash, may confirm or modify present script theory. Students, patients and the therapist find this technique to be fun.

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This paper was first presented at the Eighth Annual Summer Conference of the ITAA in Monterey, California, on August 21, 1970.

A GAME ANALYSIS OF ALBEE'S "WHO'S AFRAID OF VIRGINIA WOOLF?": THE CORE OF GRIEF*

*LOUIS PAUL, M.D.***

The analysis of games has succeeded character analysis in the development of ego psychology. To use Eric Berne's metaphor, around the core of psychodynamics can go the apple of game analysis. Following Berne (*Games People Play,* New York, Grove Press, 1964), "game" is taken as a serious technical term denoting an ongoing reciprocal, stereotyped relationship between two or more people unfolding toward a well-defined, predictable outcome and having an ulterior, or unconscious, motive.

In Edward Albee's play, games proceed simultaneously at several levels of explicitness and complexity. George and Martha have been sophisticated players of private games for 23 years of married life. Martha is the "original game-girl" (207).[1] George is the one "who keeps learning the games we play as quickly as (Martha) can change the rules" (191). George asks if the two of them are "vicious children, with their oh-so-sad games, hopscotching their way through life" (197). My thesis is that there are life games enacted in the play which the chief players are only dimly aware of; that one of these life games, Our Son the Pretend Child, is of special interest because it points to a major defect in identity, the lack of procreation and generativity, which is repaired by imaginary restitution; and that this game or life project or script represses a core of grief.

The grief, of course, is occasioned by their procreational sterility and other severe losses. The recognition and experiencing of this grief is warded off by a sadomasochistic relationship, the elaborate development of a shared illusion, and the persistent blurring of reality and pretense. George and Martha multiply ambiguity by playing an unremitting embroidered metagame of Truth or Illusion. Mocking the line between fact and fancy helps to numb the bitter pain of the way things are.

In Albee's play the vocabulary of games is explicit in the titles of Act

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**These are page references to the Atheneum edition of the play, 1963.*

1/*This paper was read to the Southern California Psychoanalytic Society, Beverly Hills, Calif., Feb. 15, 1965.* (Reprinted by permission from LITERATURE AND PSYCHOLOGY, Vol. xvii, No. 1, 1967, pp. 47-51)

I, "Fun and Games," and Act II, "Walpurgisnacht," and in the hostile and erotic "parlor" games the characters play and speak about: Humiliate the Host, Hump the Hostess, Get the Guests (including a flashback, How They Got Married), Stud or Houseboy, and Bringing Up Baby (or the recitation, Our Son). They even criticize their own performances. When George guesses correctly, first off, that Nick married for money, he exults.

Beneath the party games, George and Martha play a covert and virtuoso compound life game of Alcoholic and If It Weren't For You (Him). Martha plays If It Weren't For You, George, and George plays If It Weren't For Father-in-law. The two are relentless in their reciprocal verbal cruelty, provocation and altercation — in a word, Blood Sport, sadomasochistic type.

But all this is only the visible paraphernalia of games. We can ask: What are the outcomes, the concealed gains for the participants in Blood Sport and Our Son the Pretend Child? My method is to remain close to the text and the action, making only low-order inferences. This is inherently indeterminate because belles-lettres are indispensably rich in ambiguity. However, convergence of evidence and reiteration of themes lend weight to conclusions.

Examination of the opening scene, the first five minutes, can reveal the main games, the main maneuvers.

The first words spoken are Martha's raucous profanity; the first response is George's quieting shush and his reproachful plea and reminder of reality, "For God's sake, Martha, it's two o'clock in the . . ." Her rejoinder is to call him a cluck, disregard his twice-made observation that it is late, and go into an imitation of Bette Davis surveying (in a movie role) the living room and bitterly condemning it as a dump.

So in the opening page there is the motif of the loud, deprecating wife, moderately intoxicated, the pacifying husband attempting to quiet her by invoking the lateness of the hour and the rules of proper behavior; and then the departure from this unpleasant reality and a judgment on it by means of an impersonation. The actual situation is criticized not directly, but indirectly. George and Martha go from the way things are to fantasy lived out. They are prone to anesthetize themselves to despair, failure and loss. Martha, too, is searching for a name, the name of the movie; this alludes to finding an identity.

Then, in quick succession: Martha's expectation that George knows the name of the movie, that he is omniscient; she persists, with loudness, profanity, histrionics, and name-calling. George, who is sitting in his reading chair with a book open, detached, wearily participates, tries for the answer, fails. After his knowledge is seriously questioned ("Don't you know *anything*?"), he gets in the dig about the difference in ages. Martha is not dismayed and she continues her search.

Now George enters more actively, asking a few questions; still he doesn't know the name of the picture. Martha importunes him to think. He introduces a new ploy; he's tired, and delivers a reproach toward his father-in-law with a little profanity and exaggerated language. Then come more mutual recriminations and bickering, with George asking Martha what does she want him to do, act like her? He says she brays; she denies this, meanwhile braying; and he concurs twice in her denial. So again actuality and illusion become confounded.

Martha reproaches George with never doing anything but sitting around and talking; this is the theme of his lack of virility. She asks for a drink, and after a moment's hesitation, George dismisses his own objection and moves to the bar. He collaborates in her alcoholism and may be an alcoholic too. Reality abruptly intrudes — it's no nightcap. "Are you kidding? We've got guests." She has invited guests at 1 a.m. (This is done after official academic parties, I am told.)

Are you kidding? is the motto for the game of Truth or Illusion. It is a request for paralinguistic information, i.e., how am I to take the original message. At the same time it also rebuffs such information as would identify the message as a factual one. (As a statement, not a question, the response would be (Imperative) You are kidding, or (Polite Factual Commitment) I consider that you are kidding.)

The Main Topic is then introduced. George warns Martha several times to not start on the bit. Martha, who doesn't understand the allusion, criticizes his use of words and says he is imitating one of his students. Again, imitation and impersonation.

George may be covertly inciting Martha to break the conjugal rule on keeping Our Son private. Martha is offended that he would think this, and her contrariness is aroused.

So in the first five minutes we see the sadomasochistic bickering. George's detachment and lack of virility, the search for a name, the taking leave of an unpleasant reality and the indirect criticism of it through an impersonation, and the playing of Alcoholic, If It Weren't For You (Him), and Truth or Illusion, the chief topic of which is Our Son.

The events in the play, which occur over three or four hours in the early morning, are the backlash of a crisis which started quietly for Martha several hours before the curtain rose, and possibly during Act I for George. "The whole arrangement" of their life together "snapped" (156). Martha says: "I watched you sitting there (at Daddy's party), and I watched the younger men around you, the men who were going to go somewhere. And I sat there and I watched you, and *you* weren't *there!* And it snapped. It finally snapped!" (158). Martha thus recognizes George's detachment, probably not for the first time.

George acknowledges his detachment; it is a deliberate maneuver. "I'm numbed enough, now, to be able to take you when we're alone. I don't listen to you . . . or when I *do* listen to you, I sift everything, I bring everything down to reflex response, so I don't really *hear* you, which is the only way to manage it." But Martha went too far, she revealed Our Son to someone else. "But you've taken a new tack, Martha [. . .] that makes it just too much . . . you've moved bag and baggage into your own fantasy world now, and you've started playing variations on your own distortions" (155).

They pledge "total war" on each other. Martha flaunts her seduction of Nick before her husband's eyes; he encourages her and then pretends he doesn't care what the outcome was, although he is coldly furious. George devises the denouement to Bringing Up Baby (Our Son) and ruthlessly actualizes it.

George and Martha are emotionally estranged from each other. They publicly display an anti-intimacy. They are now able to touch one another almost only by harsh words and epithets. Yet, and this is rarely recognized, it is "better" to be touched this way than ignored or treated like a phantom. One's self is confirmed by hostile behavior given and taken; one can at least feel alive this way, not empty inside.

Collusion in the game of Our Son and the alcoholic, sadomasochistic

mode of living, enable George and Martha to ignore and not consciously feel their bitter grief. The disappointment of their dreams and hopes, the hurt of thwarted ambitions, the disesteem of impotence and sterility and faulted identity, the cold fury of emotional estrangement, the hot tears of wrenched-out longings — this compound of sadness, pain, futility, contempt, loathing and cold fury lies at the center of their beings and is numbed by "their oh-so-sad games." They are half dead, and despise their surviving half.

There is bad faith between the two, i.e., mutual self-deception. Neither has acknowledged to himself, nor to the other, his pain and grief. Martha does recognize her tears, "deep inside, so no one can see me," in the poignant soliloquy at the beginning of Act III. "And George cries all the time, too. We both cry all the time, and then what we do, we cry, and we take our tears, and we put 'em in the ice box, in the goddamn ice trays until they're all frozen and then we put them in our drinks" (185-6). (This is addressed to Daddy.)

With more and more constrained grief each has become more and more separated from the other. They automatically hug their griefs and touch each other almost entirely through contempt and invective. To help pass the time together and reach across to one another there is the make-believe Our Son, an intermediary and "escapegoat" (term by courtesy of Mr. Donald Freed of Los Angeles) who provides them an illusory identity as parents.

What of Nick and Honey? They are at the beginning of a life of emotional estrangement, reciprocal tolerance and appeasement, procreational sterility, conjugal exploitation, the pseudomutuality of pseudotenderness, compliance accompanied by resentment — of which Martha and George's relationship is the endphase. The pseudotenderness has been all but wrung out of George and Martha's life together, and a residue of genuine tenderness emerges from the fires of invective only as the final curtain falls and George comforts Martha's chill fear.

At the end it is uncertain whether anything will be different. They both answer yes and no. The nausea and self-loathing of the previous scenes gives way to emptiness, anxiety, and cold despair.

There are two general responses to this play. One is to laugh uproariously at the vulgarity, the obscenities and swear words, and the indignities

exchanged between husband and wife, hosts and guests. Mrs. Diana Trilling (*Claremont Essays,* New York, Harcourt, Brace & World, 1964) believes that part of the play's popularity stems from the ordinary man's superior attitude toward the professors and their wives who behave so contemptibly. Do professors really live that way? What a way to live!

The other reaction is to smile wanly, as I did, at the witticisms, the play with words, the blood sport; be stirred by the undercurrents of sadness, despair, dread, and lovelessness, and to take the action as a heightened picture of the way things are in some lives.

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RADICAL PSYCHIATRY AND TRANSACTIONAL ANALYSIS IN WOMEN'S GROUPS

*HOGIE WYCKOFF**

The majority of the people who seek psychiatric succor are women. This is a comprehensible result of our oppression as human beings. And it is evident that the power of the Psychiatric Establishment overwhelmingly resides in the hands of men. The problem with this is that men who are in a position to gain from the oppression of women have a vested interest in re-hypnotizing any woman who starts to wake up from her Amerikan Nightmare. Therefore, we as women must find our own solutions. No man can free us. We must free ourselves together.

Because of this conviction, I have been struggling to develop some techniques for helping women to help themselves while they are making changes in their lives to overcome their oppression. One model that has been effective is one that evolves from Radical Psychiatric Theory[1] and incorporates some elements of Berne's Transactional Analysis.[2] The basic structure is a group with a maximum of eight women and at least one leader. The group situation is the most auspicious for women since it's obvious that there are no individual solutions for oppressed people and to have strength we must band together. It is especially invaluable for women to interact with other women and develop a keen sense of sisterhood. The group structure is also very efficient for problem solving work since it provides much diversified feedback and a social situation to act out in. The group operates best if it meets for approximately two hours at least once a week.

The primary concern of the group is to overcome women's oppression. This is accomplished by developing an awareness of how women are de-humanized and by contact between sisters while working on individual problems.

To facilitate the work procedure a therapeutic contract is used. In the contract, a group member states simply and clearly what she would like to work on. The desired change must involve some observable behavioral change. This is a vital element of a contract, since if there is no overt

behavioral change desired, there is no way for the group to be certain if the contract has been fulfilled. The contract guards the leader against putting her own views, values, trip, etc. on the group member and allows her to decide if she can work with a particular woman. If they can't come together on a contract, maybe they can't work productively together. It keeps the emphasis on work in the here and now and provides a means for stimulating someone to work on their problem. It protects a group member from being manipulated and gives her a sense of her own potency in being able to act effectively as an agent in producing desired changes in her own life.

The contract can be changed if it proves inadequate, or a new one selected if the old one is fulfilled but more work is desired by the participant. An example of a beginning contract is: "I want to be less irritable." Which might be refined to: "I want to have an orgasm."

The principles of Radical Psychiatry are relevant to women's problems and should be explained to group members. One basic equation is:

ALIENATION = OPPRESSION + MYSTIFICATION

By alienation we mean estrangement; loss of affection or interest due to separation by enmity or indifference; a sense of not being right with the rest of the world. It's a feeling of being out of touch because something is wrong with you that makes you incapable of being in tune with your world. In *The Politics of Experience* R. D. Laing says: "Humanity is estranged from its authentic possibilities . . . Alienation as our present destiny is achieved only by outrageous violence perpetrated by human beings on human beings."[3]

The alienation that most women experience daily is horrendous. If one is sympathetic to the views of writers like Marcuse[4] who see a connection between the health of one's consciousness and one's sexuality, it's shocking to consider how many women are alienated from their own sexuality. Sound data isn't readily available but a recent survey in "Psychology Today"[5] which reported on a very select, relatively enlightened and sexually free audience, related that 20% of the women interviewed said that they reached orgasm never or almost never and an additional 10% only one-fourth of the time. Women have the right to have the option to have orgasm just as often as a man but this won't come about if shrinks continue to listen to writers like Freud who cast women in a vicious light with accusation of penis envy and inadequacy.

A woman's alienation from her sexuality causes her to feel that she is not O.K., usually that she is frigid, when in actuality, if her oppression was made apparent, she would see herself as a victim of society's present views on feminine sexuality. Other forms of alienation in women are seen, for example, in the case of the older woman who is "bitchy" or "menopausally depressed," or a woman who feels unattractive or incompetent.

The other element in this equation is mystification, which means simply, deception. Women are deceived into siding with their oppression. "Human beings seem to have an almost unlimited capacity to deceive themselves, and to deceive themselves into taking their own lies for truth. By such mystification, we achieve and sustain our adjustment, adaptation, socialization."[3]

Once mystification is removed, a woman will realize that she is actually oppressed and will no longer feel that she is not O.K. as is the case in the alienated condition. Once women clearly see that they are oppressed they are in a position to move against the real culprit. As Marx said: "The call to abandon their illusions about their condition is a call to abandon a condition which requires illusions."[6] The equation which counters the one above and which is also the basic formula of Radical Psychiatry is:

LIBERATION = AWARENESS + CONTACT

By liberation we mean the opposite of oppression: freedom. By awareness we mean the opposite of deception: consciousness. But consicousness alone is not enough; it is incomplete, like psychoanalysis. To move from oppression to liberation we need support and impetus from others, namely contact. Most importantly, women need strokes from other women. Strokes[2] are human recognition, examples of which would be: a warm smile, a sincere compliment or a hug.

There appear to be at least three levels at which women encounter oppression: within their own heads, within an intimate group and in society. I am particularly interested in the first. Using Berne's definitions of the three observable ego states[2]—

PARENT: Knows without question what is right and wrong

ADULT: A computer that processes information and makes prediction

CHILD: Creative, open, direct, plays

—we can become familiar with what insidiously keeps women down; not only the obvious overt male supremacy which we are all aware of and struggling against but also oppression which has been internalized into what we call the "Parent." It is the incorporation of all the values which keep women subordinate (telling her she mustn't outdo men, etc.) and terrorizes the Child when it tries to be fine. This oppression can be easily illustrated by using a technique we call "bragging." Children love to tell how fine and wonderful they are until their parents and other grownups teach them that it is bad to really like yourself. Children take their word for it and often grow up unable to really love themselves.

Try to get up in front of a group of friends and tell them about all your good points. You will often experience anxiety and begin to qualify what you say. The Parent says "You should be humble" when what it really means is "Don't be too groovey or I'll zap you."

The Parent is always measuring the performance or productiveness of the Child. It is not accepting but demanding; it says things are never good enough. The internalized parental oppression (Po) can be devastating. If a woman has been terrorized by her father as a little girl, as many have been — yelled at and physically beaten — she may maintain this gut-tearing fear which often carries over to reactions to other men later on. I don't know if it is possible to undo all the knots that this type of parental tyranny can impose but here are a few techniques for fighting it: Become aware of the Parent as a powerful element of your psyche. Be sensitized to when it makes you feel bad or says negative things to you. Try to anticipate when to expect it to become active. It usually comes down heavy when the Child wants to be out, doing what she really wants or when she has been feeling fine. Write down its favorite statements and become familiar with its language. It often uses words like: must, should, ought, better, best, bad, stupid, ugly, crazy or sick. Work out good, sound Adult responses to the Parent; this is vital when offing the oppressor within and replacing it with a humane and tolerant view of yourself.

Also, it is very important for a woman to strengthen her Adult, which is the aspect of the ego she has often had no permission to develop, since the Adult is crucial for making good decisions which are needed to attain a solid sense of identity as a rational, intelligent human being.

Two valuable interrelated techniques developed by Steiner[7] that I'd like to discuss are permission and protection. Permission is given to the

Child to do things she wants to do but which the Po won't permit. Following permission the leader and the other group members provide protection in the form of strokes and support. The leader must be potent when giving permission that goes against the original Parental injunction. She must be strong and sure in what she says and back up her permission by being available together with the group to give support with her presence, over the telephone, etc. In giving permission and protection she uses her own Parental ego state whereas she ordinarily uses her Adult in most of the group interactions.

There are permission exercises that can be used in the group that not only free the Child, as in bragging, but also develop a sense of trust among the members and provide a setting to open up the possibilities of physical stroking between women. It seems crucial to me that women be able to give and receive strokes from each other.

One exercise that can be used is to have two women sit closely, face each other and look each other in the eye, exchange names and smiles. Then look each other over carefully and pick something each one likes about the other's appearance. Now each woman gives the other a compliment or stroke (absolute honesty is necessary here.) The group observes closely, making sure that strokes are given openly and received in like manner. This technique can eventually involve the giving and receiving of actual physical strokes.

In essence, permission exercises can involve bragging, giving and taking strokes, asking for strokes (physical as well as verbal), being assertive, moving in a strong assertive way, shouting, laughing or whatever will help free women.

In addition to all women's groups, contact with men can also be vital for problem solving. Women should have an option of working out their oppression with men and to come up against them as at least equal and not from the usual one-down position. Marx said: "The relationship of man to woman is the most natural relationship of human being to human being. From this relationship man's whole level of development can be assessed."[8]

This relationship can be worked on in groups of six women and six men who meet together once a week and separately once a week with the purpose to overcome sex roles and combat male chauvinism. It is most

important that various alternatives be made available. Groups can be geared for different levels of consciousness and life styles and should be made viable for *all* women, not just a small percentage.

In closing, I'd like to stress a few things I think are necessary in running women's groups. A leader should strive to be as positive as possible, to dilute competition in group, enliven a sense of sisterly tolerance in women, avoid perfectionist demands and energize a strong sense of cooperation and group love.

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SUMMER CONFERENCE PROCEEDINGS PART I*

Prepared by Polly Parker, Monterey, California

RADICAL PSYCHIATRY AND T.A.

Claude Steiner opened his presentation with a description of Eric Berne as having foremost in his mind the need to cure patients, as many as possible, as fast as possible: "cure all the patients in the world in a minute and if you don't worry, worry, worry." Steiner, who said he manages to stop worrying at 5 p.m. each day, agreed with the urgency of doing better. With 200 million people needing psychotherapy, it isn't going to happen one-to-one, in groups or in marathons. The answer lies in developing a good approach and teaching it to others.

The RAP (for Radical Psychiatry) Center in Berkeley is an attempt to do that. The center, for which he conducts the volunteer staff training, operates on what he termed "a free stroke economy" where services are free and everyone has permission to give, to accept, and to reject strokes.

The word psychiatry actually means "soul healer" in the original Greek and it doesn't belong to anybody but the people, Steiner pointed out. Anyone can make somebody feel better even if it's for just a little while; the RAP center says to everybody "You are a psychiatrist," and anyone who wants to volunteer for training is welcome to do so.

There are four levels of training. The first is "contact rapper"; these work in teams and are available to talk to anyone who comes in. They are taught the Karpman triangle and how to avoid playing any of the three roles involved (Rescuer, Victim, Persecutor). Anyone who has mastered this is already 25% of the way toward being an effective psychiatrist, Steiner said. Knowing how to give strokes and how to talk with people as equals are also essential, he said, noting that many professional psychiatrists are very deficient in social skills to the extent that they may have gone into the profession because of their inability to talk on an equal basis.

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*Papers and panels not reported in this issue of TAB will be covered in the next issue.

Other levels of training are one - to - one crisis intervention, group assistant, and group leader. "Heavy rap groups" each consisting of eight people who meet once a week operate on a contractual basis. Work at the center has a lot to do with "schizophrenia," some of it drug-induced and some not, he said, adding that understanding of the schizophrenic experience constitutes another 25% toward being a competent psychiatrist. Another 25% is knowing T.A. The remaining 25% needs to be discovered.

OUTPATIENT REPARENTING

Moe Schiff described the parenting contracts he has with 80 outpatient kids whom he sees in his private practice. His office is in a house with kitchen, living room and other features of home. He is cutting out 50 minute interviews in favor of just being there and available from 10 a.m. to 5 p.m. daily plus some evenings at the coffee house underneath his office. In addition he goes once a week for dinner and a family style discussion at a residential facility established in a nearby town by some of the young people he and Jacqui Schiff have adopted as part of their reparenting of schizophrenic youngsters. He views the contracts with these patients as lifelong; even when the kids become independent and go out on their own they still know that they have a parent who cares about them.

Marion and Irving Weisberg told about the 21 year old schizophrenic girl they have been reparenting. She has a job and lives in an apartment during the week, staying with them on weekends. They listed the following factors as important for anyone considering reparenting an outpatient: the provision of structure in the relationship through ongoing contact on a daily basis, since you are not able to provide structure through a home situation; a shift from thinking in terms of what you do with your Adult to how you use your Parent, especially when regression occurs and touch stroking is involved such as in the oral phase. It is also important that the person you are reparenting not be living in the old family; a marital situation can often be a replay of the nuclear family relationships and so to try to reparent someone under such circumstances is futile.

Since the Parent cannot be totally decathected in the outpatient setting the message from the new parents is in effect "I will meet your needs

to the extent that I can. Check out crazy messages with me. Regression is okay; you have permission and protection — I'll be there." Like the Schiffs, the Weisbergs regard this as a lifetime contract and this girl will be a member of their family for as long as they live.

Marty Haykin summarized two cases of schizophrenics where outpatient reparenting has achieved hopeful results.

DEVELOPMENT OF THE ADULT

Aaron and Shea Schiff outlined the development of the Adult in children from the oral stage through the crawling and exploratory stages to the anal, at which time the child has to use his Adult to meet other people's expectations and to solve social problems. He also learns adaptation in thinking; his ability to do so depends upon how much stimulation he has received from his environment and the level of his biological development, particularly that of his neurological system. If expectations are presented before the child has the mechanism to deal with them the adaptation will be pathological, they said.

The Schiffs described a thinking disturbance characteristic of many of the young people who have been adopted into the Schiff household. It was first noticed when seven year old Eric was making many mistakes in setting the table; his procedure was to put each item on the table separately (e.g., a knife at each place, then a fork, etc.) and then to check the results, not by looking over each place setting as a whole to discover any missing elements, but by going around the table again and again looking for each separate piece (e.g., one trip around to check on knives, one for forks, etc.).

In discussing this type of thinking Eric and some of the others expressed fear that now that people knew about it someone would tell them to stop doing it. Until then it had not occurred to the older Schiffs that a thinking disturbance could actually be controlled by an injunction. So they did, and it was. The scare connected with giving up this way of thinking stems from the fact that it is a control device, a protection against deeply threatening feelings. When you are three years old, sitting across the table

from someone you think wants to kill you, how are you going to eat your food and, at the same time not give any signs of what you're feeling for fear of evoking the act which you dread! The solution is to break everything down into the smallest possible units so that one of them can be misplaced and the elements which lead to any generalization are not noticed.

This kind of thinking disturbance happens also in hysteria, reaction formation, and projection. Some form of discounting is going on in all of the classical defense mechanisms, the Schiffs said. The types of discounting were listed in order of decreasing pathology by Jacqui Schiff as: discount the problem (baby is crying; mother turns on TV), discount that there is a solution (baby is crying; mother says there's nothing that can be done about it), discount the significance (baby's crying; mother says all babies cry), discount the ability of the person to solve the problem (baby is crying; mother says there's nothing she can do about it).

THE SPUNKY CHILD OR SCRIPTS REVISITED

Fanita English presented material from her forthcoming book *What Shall I Do Tomorrow?* which deals with script alternatives. There is a wider range of script programing, she said, than that represented by tragic scripts based on a destructive injunction from the witch mother or troll father.

She attributes this programing to A_1 which she calls the Spunky Child rather than the little professor. Once a child has survived the first six months of life when the need for strokes is crucial, a new drive appears. This is curiosity, a strong drive to grow, to learn, to explore, even though such exploration may result in being deprived of strokes.

During this period, from six months to six years, as the work of Piaget has demonstrated, the young child utilizes an entirely different system of perception and thought from the logical system utilized in later years. He jumps to conclusions on the basis of his immediate perceptions; the results may sometimes be right but they are not scientific. This Child remains a part of us even though we develop a new Parent and Adult; in dealing with material upon which he may have based a script it is important to realize that it results not from insufficient data but from a different method of coming to conclusions, i.e., the syncratic.

In some cases a patient's death pull is not related to a "Die" injunction but to "not enough of a 'live' injunction" to overcome the primitive Child's (C_1) drive toward becoming mineral, toward dissolving into the cosmos. The parents' message was "Live on condition that . . ." followed by pages of fine print and footnotes. The script which the Spunky Child subsequently wrote is "a hero's progress under fantastic odds, full of sharp and magic ways that he navigates through the conditions," she said.

The treatment issue then becomes What are the conditions? Why? with the therapist and the Spunky Child in alliance to "knock out the conditions." Here the syncratic system of the Child becomes apparent with its resemblance to primitive thinking especially in its emphasis on direct cause and effect. There is so much "how" in adult functions that we tend to assume that the "why" of the syncratic system does not operate any more, she said. English now sees episcript as one of several methods of dealing with a script (TAB, Vol. 8, No. 32).

A SCRIPT INVENTORY

Jerome White outlined a one page personal history form which he and his colleagues at the University of Illinois have developed to serve as a convenient intake record and as an instrument for research on script and counterscript messages.

Script messages are deduced from responses to items asking for a description of both parents, e.g., "Don't count on me" from statements that one or the other wasn't around much, didn't have time for the child, etc. and "Don't do" from phrases like perfectionist, demanding, etc. Four questions are designed to elicit counterscript messages: What did your father want you to be? Mother? What was father's main advice to you? Mother's? Two recently added questions relating to script material are: What did mother always say to you (her favorite phrase)? Father?

A question about favorite fairy tale, children's story, book, hero, or TV show can be very productive but it is extremely valuable to have the respondent write out his memory of it on the back of the form. White cited two individual's versions of "The Three Bears," one a view of a pleasant

family unit and the other the tale of a little girl for whom nothing went right. It is also important to clarify with which part of the story a client identifies. For example, Snow White may be seen as safe sexually in dealing with seven pseudo-men, the heterosexual romance of the prince rescuing the damsel, or the triumph of Snow White over the evil queen.

Script forecasts may be derived from a question on "which famous person would you most want to be like?" as well as questions about what life will be like in five years if all goes very well and very badly. The effectiveness of these answers in script prediction needs to be established in a long-range observation type of study with "normal" individuals, said White who has been participating in the validation of various sections of the inventory over the past two years.

THE COMPUTER PERSONALITY

Robert Zechnich and Dan Maloney outlined the traits of what they term a computer personality. Operating from the adapted Child and the little professor in the Child, these people are hyper-rational and extremely anxious to please. They hide emotionally to the extent that they are not just concealing their feelings — they don't even know how they feel. They say things backward so that their words are frequently the opposite of what they mean.

The computer's world is an elaborate vertical hierarchy in which they play to the people at the top and ignore anyone at the same level as themselves or below. They are very competitive but at an ulterior level, striving to be "more memorable" or a "better loser" than other people rather than engaging in activities like sports where competition is direct and achievement is measurable. It is highly important to them to be admired, so much so that not to be the object of admiration spells humiliation.

There is only one channel to their natural Child, only one feeling which is permitted, such as scared, angry or sad (like the characters in J. D. Salinger's *Catcher in the Rye* who feel sad about everything whether it be sad, funny, boring, etc.). Computers will take on anyone's sorrows, grievances, or fears that fit their own; as an example Zechnich cited a patient who was sad because another group member's mother had died.

The therapist told him that he could be sad because the other person was sad but that it was not appropriate to be sad about the mother's death because that was not his problem.

About the genesis of computers Maloney said that their parents prohibit nearly all expressions of the natural Child. They are constantly told how they feel, how they should feel, how they are going to feel sometime in the future. Feelings had to be rearranged for every situation depending on such factors as who was there at the time. Although computers tend to have been either an only child or the favored child, they often regard themselves as black sheep for being unable to live up to expectations held for them.

Life has been very serious for a computer even though he may do a lot of capering. His happy mask resembles a manic state and when he is humiliated he looks like a sulk. Standard games are I'll Show Them and Gee, Professor, You're Wonderful in which he takes either position.

Treating computers is long and difficult. When they are acting happy or charming it is impossible to get through; pain cathects their Child but they need to be protected from Parental criticism or ridicule while in the Child ego state. Zechnich and Maloney described the use of "humor breaks" and "the putdown that isn't a putdown' 'in dealing with computers and pointed out that former computers have been known to turn into delightfully okay human beings.

RACIAL TENSION AND TA

John Miller, a management consultant who applies TA in his work, summarizes the situation at Balboa High School in San Francisco which led the school's vice principal to ask Eric Berne for help. Over a year of tension with one boy having been killed in racial incidents had produced an atmosphere in which the administration was convinced that a major outbreak was imminent and that they had no controls with which to operate.

A presentation by the vice principal to the San Francisco seminar resulted in a joint effort by Miller, Melvin Boyce and Warren Cheney to see if TA could be useful in improving the situation at the school.

Boyce described his encounters with the faculty who, at first, could not seem to get away from Ain't It Awful (the troubles we've had, the way the world is going) and If It Weren't for Them. He, Miller and Cheney gave a four lecture introduction to TA, held ten small group training sessions and two classroom demonstrations. Some teachers became enthusiastic about the idea of operating from their Adult and endeavoring to hook the Adult of their students in the learning process, but others found the thought of giving up P-C transactions as the foundation of their classroom approach tremendously threatening, he said. One of the main problems plaguing staff members was the lack of a philosophy about what the schools are supposed to be doing; this lack increased their uncertainty about their own role and the options they had in doing their job.

Cheney outlined a Progression to Prejudice starting with He's different (white, black, yellow, brown, red) and going through the successive steps of He's strange; If he's strange, he's not understandable, he's a threat, he's dangerous; If he's dangerous, avoid him, treat him like an enemy, hate him. Cheney characterized racial strife as eventually becoming Parent-Parent conflict which is so rigid that attempts to resolve it lead to nothing but conflict perpetuation. P-P conflict needs to be analyzed by Adult-to-Adult work, he said.

The effectiveness of the TA project at the school is hard to assess, Miller stated in conclusion, because no verifiable means of measuring comparative degrees of tension exist at present. However, there were no outbreaks of violence during or following the nine months when the work there was in progress.

Fanita English spoke briefly about an OEO project in which she conducted training sessions for inner-city workers, most of whom were black. College-educated but without experience in the kind of work they were about to do, they wanted training that would be relevant to the situation where they would be, not just the "old social casework-welfare approach," she said, or some more "sensitivity" type encounters. The main question in her mind was how much the fact of her being white would affect the effectiveness of the course and its value to the participants. The experience confirmed two concepts: one, that culture is Parent, and, two, that when there is a good Adult contract Children can have a ball regardless of racial, ethnic or other differences which are important to Parents.

THE WITCH MOTHER'S MESSAGE

John Barnes gave instances of how being aware of a client's smiles and laughter aids in identifying destructive messages. The key laughs are those that seemingly have no connection with what is being said or are actually at odds with the content of what is being said ("I screwed up again — ha ha" from an inmate in the reformatory who has once again carried out the injunction "Don't make it"). When such a message is identified then the client can decide if he wants to go on following the commands of his parents.

FANTASY TECHNIQUES AND TA

Anita Roggenbuck and John Cooper discussed the use of fantasy techniques to get patients in touch with archaic feelings, particularly the moments in their past when a script decision was made. At these moments, according to Cooper, a portion of the Child splits off and remains intact, like the little boy still sitting in a corner of the cornfield resolving not to grow up or the little girl crying in her room promising to wait forever until daddy loves her. In order to live in the present, the patient needs to say a permanent goodbye to these split off fragments, and since there is a Parent fantasy connected to each Child fantasy, both have to be gotten rid of. The empty chair technique is useful in identifying the risks which the patient perceives in giving up the Child ("I'll never get love again") as well as in accomplishing the goodbyes.

Any and all senses can be used, Roggenbuck said, to recreate the scene. For example, a three year old girl has followed her mother down to the basement laundry room. She is lonely and her mother is the only person available to her at that time. When mother turns her tired face to the child the message it beams is essentially "I haven't enough to give you any." All the details of this picture — the expression on the mother's face, the smell of the laundry soap, the feel of the basement air — have the power to evoke the Child feelings of that instant and, therefore, need to be dealt with. The moment of decision was not necessarily a traumatic experience, Roggenbuck emphasized, nor even an accurate summing up of the child's total experience. Other incidents when mother's face didn't look so

tired, or when she could spend some time with the little girl, are screened out and forgotten by the split off Child. The Child also tends to act as if her situation remained unchanged, that at age seven, for example, she still was as limited in her options as she was at three. Realistically, of course, such was not the case, but by this time the rackets have been established, Roggenbuck said, defining rackets as a promise to feel a certain way as long as certain conditions persist.

ME, ME, AND ME

Gordon Haiberg gave a slide presentation of material he has developed to introduce TA concepts. There are 12 volumes, or "packages," in all, with the first written for a 7-9 year age level and succeeding volumes gradually increasing in complexity. Volume I is used in the initial interview to acquaint people with P-A-C. In the course of this interview they decide what they want to be cured of and then attend two lectures of an hour and a half each for an overview of TA. At this point they decide if they want to go in a group for three months; after three months they decide if they want to continue. Haiberg conducts 15 groups a week with 12 in each; he, Thomas Harris and their associates treat between 1,000-1,200 people a week.

THE FUTURE OF SEX

Robert Miller delineated between what he termed real problems in sex and non-problems. The latter are still marked by controversy in some circles but the issues are settled. These include premarital sex, a subject of concern to the Lawrence Welk crowd, he said, but not to the kids who have already made their decision; abortions and homosexuality, both of which are now accepted facts of life.

Among the real problems to be dealt with are co-marital sexual relationships, as distinct from extra-marital affairs whose connotations are secret, hidden and potentially threatening to a marriage. Since human beings

are not sexually monogamous animals, he said, they face the problem of being able to accept and seek multiple sexual relationships within the marriage environment. A second unsolved problem is sexual inadequacy and a third is the fading desirability of the over-40 female, an age group which comprises some of the most unhappy people in our society. In these areas the sexual revolution has yet to take place, he said.

PERMISSION CLASSES

Ursula Steiner conducted a demonstration permission class, adding a new dimension this year in that everyone in the room was invited to participate rather than just a few volunteers with the rest as audience. She now spends much of her time teaching people to teach permission classes, she said, noting that the concept originated some years ago in one of Claude Steiner's groups. So many people lead solitary lives that some means of bringing them in touch with themselves and others needed to be devised. She uses her Parent to give them permission to do things their real-life parents prohibited, like look at someone's face, sit close to them, etc., and at times to push them into taking steps they may not feel they are quite ready for.

For some people the class has become their equivalent of a primary family group and the ties continue over the years. For others who are no longer in therapy but who miss the openness and warmth of a therapy group, since that level of intimacy is hard to find elsewhere, a leaderless version of a permission class may be a possibility for filling the gap in this society which has so few structures which provide for, or foster, stroking.

WOMEN'S LIBERATION MOVEMENT

The panel originally scheduled on this topic was superseded by a presentation of the "Women's Caucus of ITAA," with Pamela Levin and Hogie Wyckoff as the principal speakers.

Following a documentation of the economic discrimination women experience in America today, Levin discussed the existence of sexual roles in the United States and how they help to put women in a not-okay position. The truth will make men free as well as women, she said, so that both may develop as complete persons.

Boys in our culture are taught to discount their emotions and girls to discount their impulses toward freedom. Girls are scripted to feel non-okay about their sex, she said, quoting commonly-accepted statements about penis envy and castration anxiety to suggest that both of these phenomena could be the result of parent-child transactions rather than physiology.

The differing roles and aspirations for males and females which are programmed by this society are shown even in such matters as clothing, she stated, where boys are dressed for comfort and freedom of movement and girls are dressed to look pretty. Girls are taught to regard themselves as objects whose appearance is important if they are to gain the system's spoil: a man. They learn to want to be sweet, lovable and useful, and to fail at many things so that they won't be regarded as a threat.

Discrimination based on sex — "sexism" — (reinforced by conflicting messages like "be sexy . . . stay a virgin" and "be appreciative of a man's advances . . . don't give in to him") alienated women from their own sexuality and blocks both men and women from achieving their full potential as human beings.

Wyckoff defined women's alienation as being the result of oppression plus mystification. Women have internalized much of the oppression to which society subjects them, she said, and as a result, they have to learn to resist the messages from their own internal "Pig Parent." This involves strengthening their Adult, the ego state which most women have had virtually no permission to develop and use. Since many of them also tend to mother everyone else, the women's groups which she leads also focus on making their own nurturing Parent available to themselves. Awareness of what it would mean to be a full human being plus contact (strokes and support from other women) equals liberation, she said.

Additional points made in the presentation included: a definition of the goal of Women's Lib as "having their lives structured by individual uniqueness not biology"; an indictment of the male chauvinism involved when a therapist prescribes adjustment or tranquilizers for a woman patient unhappy about the box in which society has placed her; an answer to "some people who say 'deal with oppression as individuals' " but who fail to note that women are oppressed as a class, with society supporting the oppression — "just as a black can't solve his problems as an individual," neither can a woman acting alone.

A FAIRYTALE

*CLAUDE M. STEINER, Ph.D.**

Once upon a time, a long time ago, there lived two very happy people called Tim and Maggie with two children called John and Lucy. To understand how happy they were, you have to understand how things were in those days. You see, in those happy days everyone was given at birth a small, soft, Fuzzy Bag. Anytime a person reached into this bag he was able to pull out a Warm Fuzzy. Warm Fuzzies were very much in demand because whenever somebody was given a Warm Fuzzy it made him feel warm and fuzzy all over. People who didn't get Warm Fuzzies regularly were in danger of developing a sickness in their back which caused them to shrivel up and die.

In those days it was very easy to get Warm Fuzzies. Anytime that somebody felt like it, he might walk up to you and say, "I'd like to have a Warm Fuzzy." You would then reach into your bag and pull out a Fuzzy the size of a little girl's hand. As soon as the Fuzzy saw the light of day it would smile and blossom into a large, shaggy, Warm Fuzzy. You then would lay it on the person's shoulder or head or lap and it would snuggle up and melt right against their skin and make them feel good all over. People were always asking each other for Warm Fuzzies, and since they were always given freely, getting enough of them was never a problem. There were always plenty to go around and as a consequence everyone was happy and felt warm and fuzzy most of the time.

One day a bad witch became angry because everyone was so happy and no one was buying her potions and salves. This witch was very clever and she devised a very wicked plan. One beautiful morning she crept up to Tim while Maggie was playing with their daughter and whispered in his ear, "See here, Tim, look at all the Fuzzies that Maggie is giving to Lucy. You know, if she keeps it up, eventually she is going to run out and then there won't be any left for you."

Tim was astonished. He turned to the witch and said, "Do you mean to tell me that there isn't a Warm Fuzzy in our bag every time we reach into it?"

And the witch said, "No, absolutely not, and once you run out, that's it. You don't have any more." With this she flew away on her broom, laughing and cackling hysterically.

Tim took this to heart and began to notice every time Maggie gave up a Warm Fuzzy to somebody else. Eventually he got very worried and upset because he liked Maggie's Warm Fuzzies very much and did not want to give them up. He certainly did not think it was right for Maggie to be spending all her Warm Fuzzies on the children and on other people. He began to complain every time he saw Maggie giving a Warm Fuzzy to somebody else, and because Maggie liked him very much, she stopped giving Warm Fuzzies to other people as often, and reserved them for him.

The children watched this and soon began to get the idea that it was wrong to give up Warm Fuzzies any time you were asked or felt like it. They too became very careful. They would watch their parents closely and whenever they felt that one of their parents was giving too many Fuzzies to others, they also began to object. They began to feel worried whenever they gave away too many Warm Fuzzies. Even though they found a Warm Fuzzy every time they reached into their bag, they reached in less and less and became more and more stingy. Soon people began to notice the lack of Warm Fuzzies, and they began to feel less and less fuzzy. They began to shrivel up and occasionally, people would die from lack of Warm Fuzzies. More and more people went to the witch to buy her potions and salves even though they didn't seem to work.

Well, the situation was getting very serious indeed. The bad witch who had been watching all of this didn't really want the people to die so she devised a new plan. She gave everyone a bag that was very similar to the Fuzzy Bag except that this one was cold while the Fuzzy Bag was warm. Inside of the witch's bag were Cold Pricklies. These Cold Pricklies did not make people feel warm and fuzzy, but made them feel cold and prickly instead. But, they did prevent peoples' backs from shriveling up. So from then on, every time somebody said, "I want a Warm Fuzzy," people who were worried about depleting their supply would say, "I can't give you a Warm Fuzzy, but would you like a Cold Prickly?" Sometimes, two people would walk up to each other, thinking they could get a Warm Fuzzy, but one or the other of them would change his mind and they would wind up giving each other Cold Pricklies. So, the end result was that while very few people were dying, a lot of people were still unhappy and feeling very cold and prickly.

The situation got very complicated because, since the coming of the witch, there were less and less Warm Fuzzies around, so Warm Fuzzies, which used to be thought of as free as air, became extremely valuable. This caused people to do all sorts of things in order to obtain them. Before the witch had appeared, people used to gather in groups of three or four or five, never caring too much who was giving Warm Fuzzies to whom. After the coming of the witch, people began to pair off and to reserve all their Warm Fuzzies for each other exclusively. If ever one of the two persons forgot himself and gave a Warm Fuzzy to someone else, he would immediately feel guilty about it because he knew that his partner would probably resent the loss of a Warm Fuzzy. People who could not find a generous partner had to buy their Warm Fuzzies and had to work long hours to earn the money. Another thing which happened was that some people would take Cold Pricklies — which were limitless and freely available — coat them white and fluffy and pass them on as Warm Fuzzies. These counterfeit Warm Fuzzies were really Plastic Fuzzies, and they caused additional difficulties. For instance, two people would get together and freely exchange Plastic Fuzzies, which presumably should make them feel good, but they came away feeling bad instead. Since they thought they had been exchanging Warm Fuzzies, people grew very confused about this, never realizing that their cold prickly feelings were really the result of the fact they had been given a lot of Plastic Fuzzies.

So the situation was very, very dismal and it all started because of the coming of the witch who made people believe that some day, when least expected, they might reach into their Warm Fuzzy Bag and find no more.

Not long ago a young woman with big hips born under the sign of Aquarius came to this unhappy land. She had not heard about the bad witch and was not worried about running out of Warm Fuzzies. She gave them out freely, even when not asked. They called her the Hip Woman and disapproved of her because she was giving the children the idea that they should not worry about running out of Warm Fuzzies. The children liked her very much because they felt good around her and they too began to give out Warm Fuzzies whenever they felt like it. The grown-ups became concerned and decided to pass a law to protect the children from depleting their supplies of Warm Fuzzies. The law made it a criminal offense to give out Warm Fuzzies in a wreckless manner. The children, however, seemed not to care, and in spite of the law they continued to give each other Warm Fuzzies whenever they felt like it and always when

asked. Because there were many many children, almost as many as grown-ups, it began to look as if maybe they would have their way.

As of now it is hard to say what will happen. Will the grown-up forces of law and order stop the wrecklessness of the children? Are the grown-ups going to join with the Hip Woman and the children in taking a chance that there will always be as many Warm Fuzzies as needed? Will they remember the days their children are trying to bring back when Warm Fuzzies were abundant because people gave them away freely?

Copyright 1969, Claude M. Steiner, 35 Westminster, Kensington, California, 94708.

**Dr. Steiner is co-director of the Berkeley TA Institute, and a teaching member of ITAA. He is looking for an artist to illustrate this fairy tale. Send your sketches to him at 3155 College Ave., Berkeley, CA 94705.*

CALENDAR

January 8-10: ITAA 7th Annual Executive Congress (for Advanced Members) and Examining Board, Vacation Village Hotel, Mission Bay, San Diego, California (see announcement in this Bulletin).

February 3-6: American Group Psychotherapy Association 15th Annual Institute, 28th Annual Conference, International Hotel, Los Angeles, California; contact secretary Leonard Kane, M.D., 1790 Broadway, New York, New York 10019, for information.

May 1-5: American Psychiatric Association Annual Meeting, Washington, D.C. Contact Walter E. Barton, M.D., 1700 18th St., N.W., Washington, D.C. 20009, for information.

ADAPTED CHILD COMPLEXES

*JEROME D. WHITE, Ph.D.**

Aaron Schiff delineates complexes (TAB 31, pp. 72-72) as identifiable units of behavior in the Adapted Child. He goes on to describe how a Parent calls forth a specific set of complexes, such as Bush (TAB 32, pp. 101-102) utilized in describing a series of multiple Parent-Child ego states. It is the specific process of Adapted Child complexes that the writer focuses on with the spider configuration of Figure 1, page 153. Given a universe of alternative behaviors, the individual will choose those that are permissable and useful in surviving and getting strokes in his particular family.

Figure 1 represents many alternatives, and presumably a multi-dimensional model could provide an even more comprehensive vista. Each family permits only a relatively few complexes to be chosen (strokes and time are both factors). Birth order and other factors (cultural, physical, etc.) encourage the growth of certain complexes. Joey, with a crazy mother and a saint father can choose and meet Parent expectations with such complexes as: goody-no-shoes, crazy, out of it, stupid, frog, etc. If Joey were bright, and received some strokes for cleverly manipulating the environment or for learning a piece of information precociously, he might opt for: the brain, or little old man. Perhaps his physical condition provides options toward: frog, sicky, or ironman.

Using a modified form of TA check list, hundreds of individuals have been checked as to their script messages (standard C_2 of Parent to C_2 of offspring) and the main Adapted Child complexes of their siblings. Some examples follow which indicate the selective processes at work within the family and cultural environment. Descriptions of parents and siblings were taken from several of each family's members.

Family A:

Mother's messages . . . be loved, be smart, be slick, fight, get into trouble
Father's messages . . . don't count, be mean, fight, be stupid, be sexy

Options:

oldest, only family sib . . . stupid, mean, lazy, sexy, fighter, like daddy
oldest male sib . . . smart, worker, athlete, "papa"

next male sib . . . good, handsome, dumb (retarded) but knows what he wants
next male sib . . . mean, like his daddy, "junior" (same name)
next male sib . . . smart, passive, gets picked on (very close to retarded sib)
youngest male sib . . . devil, slick, funny

Discussion:

There are no family or cultural options for: brain, prince, machine, hostess, clown, wit

Family B:

Mother's messages . . . be stupid, be slow, be religious, be passive
Father's messages . . . don't count

Options:

oldest male sib . . . homebody, worker, slow, religious, passive
youngest male sib . . . lazy, athlete, slow learning, slick, fighter

Discussion:

Few options outside of those provided by general culture and mother
Father deserted family while children were very young and has influence primarily as mother's referrant, "don't be like him!"

Family C:

Mother's messages . . . be Jesus, be passive, don't count
Father's messages . . . be sexy, be mean, be aggressive

Options:

oldest female sib . . . shy, sweet, mommy
oldest male sib . . . quiet, women chaser
next female sib . . . religious fanatic, workhorse, cheap
next male sib . . . "Jesus . . . he helps everybody"
next female sib . . . passive
next female sib . . . sexy, pretty
next female sib . . . good in school, passive, fatty, good soul
youngest male sib . . . heavy (smart), devil, baby

Discussion:

Again, there are few surprises. Religious fanatic and good in school provide some variation.
The writer uses the spider option list as a checklist for individuals to describe their families and to place various members in categories. Those who are seen at extreme positions probably represent Adapted Child complexes bordering on the pathological. Those nearer the center are in an OK position. There is a substantial difference in how one is regarded if one *has to* take a position at an extreme, for example, stupid as opposed to slow or devil as opposed to slick.

If a different colored pencil is used for each family member and a streak is placed at appropriate points along the options, the family (as in workshop experiences) or individuals can see what options are possible in the family and what options are still left open. Choice can then be made to drop unwanted options and to spend more time in other new areas.

The spider never fails to intrigue. The information passed along about family demands and individual behavior reaches the Adult while the Child can break in from time to time and have some fun with the names along the options.

**Jerome White, Ph.D., is a Clinical Member of ITAA, practicing in Chicago. His address is 5449 S. Cornell, Chicago, Illinois 60615.*

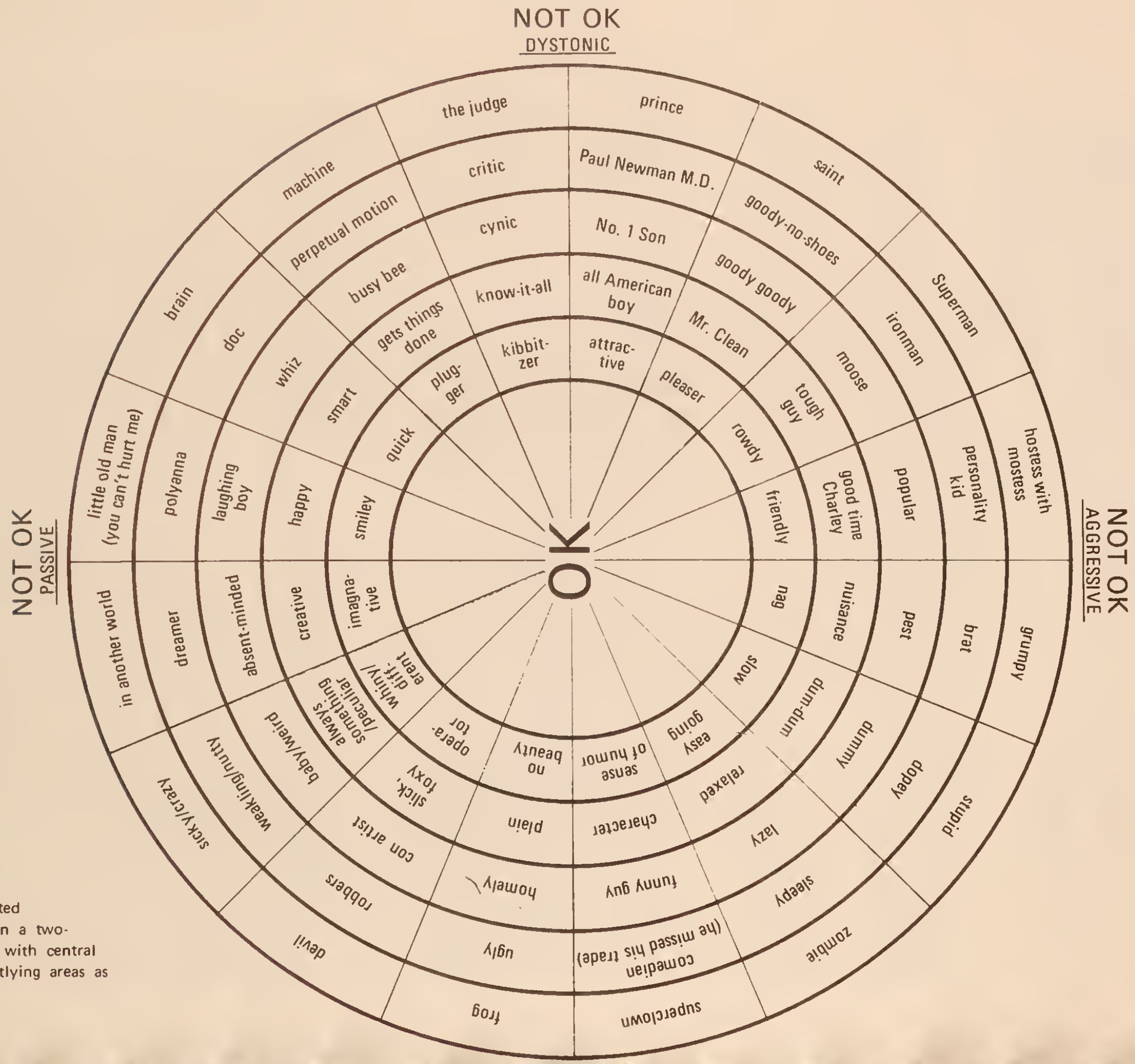

Figure 1. Adapted Child options on a two-axis continuum with central area as OK, outlying areas as not OK.

PROGRESS REPORT:

DATAS, Denver Area Transactional Analysis Seminar

*JONATHAN B. WEISS, Ph.D.**

In the summer and fall of 1969, an exodus from Chicago to Denver created a nucleus of TA people who met in September to plot the take-over of the mountain states with TA. The original core group (consisting of Jon and Laurie Weiss, Warden and Carolyn Rimel, and Mary Jo MacDonald) rapidly expanded to become an affiliate of ITAA, with over 40 active members and a mailing list of over 120 people who requested to be kept informed via Newsletter.

A high degree of interest, enthusiasm, Child curiosity, and Adult data-seeking regarding TA theory and application has resulted in: three TA 101's having been given by Jon Weiss, Warren Rimel and Maggy Holmes; a series of TA workshops sponsored by the Evergreen Institute (a major center in this area for personal and family growth and development); numerous TA lectures and demonstrations presented to a variety of professional and lay groups in the Denver area; consultative services to the Colorado Division of Youth Services; and the establishment of ongoing TA practice and supervision groups in the area.

One of our members has taken advanced training from the Carmel Institute of Transactional Analysis; and, at the recent ITAA Summer conference, five DATAS members were in attendance.

Through the abundance of "Warm Fuzzies" for the Child, data input and processing for the Adult, and the absence of rigid, restricting Parent, DATAS is now proclaiming, "TOMORROW, THE WORLD."

*DATAS new address is:
Denver Area TA Seminar
Clinical Director: Jonathan B. Weiss, Ph.D.
P.O. Box 29
Fort Logan, Colorado 80115
President: Warden M. Rimel, M.D.
Secretary: Carol Van Vossen, R.N.
Meets First and Third Tuesdays at 8:00 p.m.
Call (303) 794-6493 for location.

ERIC BERNE SEMINAR OF SAN FRANCISCO

The San Francisco TA Seminar (SAFTAS) formerly housed in the San Francisco home of Eric Berne, 166 Collins Street, is now meeting regularly Tuesday nights at 8:30 at the residence of Dr. John Dusay (ITAA-TM), 2709 Jackson Street, San Francisco. In honor of the founder of the SAFTAS, the voting members elected to change the name to the Eric Berne Seminar of San Francisco (EBSSF). The officers for 1970 are Mel Boyce, president; Warren Cheney, 1st vice-president; Herb Courland, 2nd vice-president; Kathi Dusay, sec.-treas.; Jack Dusay, program chairman. The officers elected for 1971 are Jack Dusay, president; Claude Steiner, Stephen Karpman, and Jim Horewitz, vice-presidents; Hermund Wong, sec.-treas.

The October 13th meeting of the seminar heard a presentation of a paper by Aaron Wolfe Schiff and Jacqui Lee Schiff reporting several years research on passivity carried out at the Schiff Rehabilitation Project. Central findings offered the hypothesis that most psychopathology starts during the earliest periods of infancy due to disturbances in the symbiotic relationship. The further conclusion is that "all games develop out of unresolved symbiotic relationships, with discounting as the mechanism and grandiosity as the justification." Steps traced by the paper follow the following sequence:" 1) Symbiosis, 2) Feelings of inadequacy, 3) Projection of grandiose expectations, 4) Adopting a grandiose position."

Clinicians present responded with a very lively discussion, recognizing that once again the Schiffs have come up with important new findings, both as to etiology and treatment. The paper will be published in TAB, possibly in the Eric Berne Memorial Issue.

NEW ITAA AFFILIATE

A new affiliate has been established in Schofield, Wisconsin: the Transactional Analysis Study Group of North Central Wisconsin. The advisor is Richard M. Lee, M.D.; the coordinator is Raymond S. Urbas, M.A. The group meets the first and third Mondays each month at the D. C. Everest Middle School, 1000 Machmueller Street.

AZTEC CHANGES

The Aztec Study Group of Albuquerque, New Mexico, is at a new address: Secretary Walworth R. Slenger, M.D., Medical Arts Square No. 1, Albuquerque 87106. The meeting times are open.

EDITORIAL POLICY OF THE TAB

The editorial board is interested in receiving contributions of all kinds and urges the membership to submit whatever items will reflect their experience and add to the literature on TA. In compliance with the policy established by Eric Berne, we reaffirm this publication should continue to reflect the progress and development of TA theory and practice.

A. *All* material submitted should meet the following specifications:

1. Three copies of an item are required. All copy will be typed on bond opaque paper, and will have margins on all sides, including a 2-inch left-hand margin.

2. Each author will include his name, position, and mailing address with his article.

3. All material sent in shall be reviewed by the TAB editorial board who have been given the responsibility to accept, reject, or return it for rewrite.

B. Scientific or clinical material submitted, short or long, should meet the following specifications:

1. Central content must relate directly to TA as therapy, as an educational process, as a communication technique, or as an approach to awareness, spontaneity, intimacy.

2. Material and games presented shall be new, not a restatement of existing TA literature.

3. Papers concerned with improvements, additions, or criticism of any phase of TA theory or practice should make appropriate references to published TA literature.

4. Theoretical concepts should be backed up with factual clinical data; mere observations or opinions unsupported by specific cases may be rejected.

C. Affiliates who wish to have news of their operations published should submit the material in final form, ready for publication. The editorial staff does not have time for rewriting.

EDITORIAL BOARD MEMBERS

John M. Dusay, M.D.

Stephen Karpman, M.D.

Claude Steiner, Ph.D.

Warren D. Cheney, M.A., M.A., Editor

ANNOUNCING A NEW DEPARTMENT: LETTERS TO THE EDITOR

A new department will be initiated with the next issue. Readers are invited to submit pertinent comments and/or reactions to material of all kinds published in the bulletin. In submitting letters, please double space in the usual fashion, and include your name, title and TA affiliation.

This can be a very lively department if the membership desires to make it so. We are looking forward to your comments.

WARREN D. CHENEY, M.A., M.A.
Editor

THE PRESIDENT'S PAGE

Greetings Fellow Members and Friends:

Speaking for myself and the other officers and board members of the ITAA, I wish to thank you for your vote of confidence. I want to assure you the second year of our time in office will be as good — and better than — the first.

I want to encourage all ITAA members to work for the highest quality possible. The emphasis should be on quality, and not on quantity. Our institution will survive only as long as the highest professional standards are maintained. If mediocrity is permitted, the ITAA will crumble.

In keeping with this desire for high standards and in order to insure maximum communication between members, it was resolved at our summer business meeting that members of local seminars of the ITAA be required to join ITAA after a maximum of twenty-four meetings or one year of participation in their local seminar's meetings, which ever the member prefers. Chairmen of local seminars are urged to enforce this ruling. We would also like to encourage persons who are members of local TA organizations and who are practicing Transactional Analysis to apply for clinical membership in the ITAA. This, again, will insure the high standards which were Eric Berne's ideal. The International Transactional Analysis Association has established the qualifications and qualifying procedures for therapists and teachers of Transactional Analysis. The International Transactional Analysis Association is the *only* body which can officially sanction and certify qualified teachers of Transactional Analysis. Organizations who engage teachers of Transactional Analysis may check their ITAA qualifications by contacting ITAA headquarters in Berkeley.

On the financial side, we are in good operating position from month to month, but this is possible only as long as we have the full support of everyone in the organization to keep it going. For this reason we encourage all those eligible to apply for clinical membership into the ITAA. The next examining board will meet at the January 1971 Executive Congress which has been announced in the TAB issue.

I would like to invite any of you to drop into our humble surroundings here in Berkeley. You will be given a warm reception. I personally hope to see as many of the affiliate offices as possible in the near future.

Please let this office know whenever you wish to have a visiting speaker. Perhaps we can oblige. Also, send your ideas and papers concerning TA to this office for publication consideration — we need them.

I am looking forward to seeing as many clinical members as possible at the January conference.

With best regards to all,
Ken Everts, M.D., President ITAA

ITAA SEVENTH ANNUAL EXECUTIVE CONGRESS

January 8, 9, 10, 1971

at Vacation Village Hotel, Mission Bay, San Diego, CA 92109

The Executive Congress is open to all clinical and teaching members of ITAA. Spouses are welcome to attend social functions.

Rooms at Vacation Village can be reserved directly through the hotel. Special room rates for ITAA members begin at:

Double/twin: $22 daily; Single: $18 daily
Both plus 5% bedroom tax
Deadline for registration is December 18, 1970

The Vacation Village Hotel is located next to Sea World, and features golf, tennis, and swimming facilities.

If you wish to attend the congress, fill out the blank below and send it to Vacation Village to make your reservations.

For more information on accommodations, contact Vacation Village.

VACATION VILLAGE HOTEL, MISSION BAY,
SAN DIEGO, CA 92109

I will be attending the 1971 ITAA Executive Congress on January 8, 9, 10.

Please reserve the following accommodations:
Double/twin: $22 plus 5% tax_____
Single: $18 plus 5% tax_____

Name _____

Address _____

City, State_____ Zip_____

Phone _____
Check enclosed_____

TAB TO BECOME A JOURNAL WITH PUBLICATION OF THE ERIC BERNE MEMORIAL ISSUE

In fulfillment of the plan proposed by Eric Berne at our last editorial conference, the *Transactional Analysis Bulletin* will become a journal, and, meet — Eric's wish that the change-over begin with the January 1971 issue. Also following his thinking, the new publication will be named the *Transactional Analysis Journal,* or TAJ for short.

The Editorial Board believe there will be several new advantages to the change. For example, it has been found that librarians treat "journals" with a level of professional respect mere "bulletins" cannot command. Thus by publishing a quarterly journal ITAA stands to win new readers who will be able to find the TAJ listed in bibliographies of professional journals and, we expect, more libraries will seek to carry the TAJ in their journal racks.

Another advantage will accrue from the new, enlarged format of TAJ which will be the same size as the *American Journal of Psychiatry* thereby permitting use of "mats" or duplicates of advertising pages published in the latter publication.

Contents of the Eric Berne Memorial Issue of TAJ will be announced by a separate mailing within four weeks of this writing, approximately mid-November. Watch for it.

To those who are planning to contribute either articles or photos, please note the deadline for receipt in Berkeley at 3155 College, 94705, is November 10, 1970.

W. D. C.

NOTE TO TEACHERS OF TA

When your course planning is even in the beginning stages, please give the ITAA office notice of your intentions to be teaching. If we have three to four weeks notice we can estimate the number of books to be needed for the course, and order a supply from the printer. In this way ITAA can provide you and your students with the materials you need at the time they are needed, and not halfway through the course. Thank you.

B. F. K.

THE ITAA

The International Transactional Analysis Association and its Affiliates function as an educational institute for people in the broad field of social psychiatry: psychiatrists, psychologists, psychiatric nurses and social workers, correctional officers, social scientists and clergymen. The teaching is primarily oriented toward group therapy, social dynamics, and personality theory based on transactional analysis. The Association is now in its thirteenth year, and is self-supporting through tuition and membership fees.

The affiliated Transactional Analysis Seminars and Study Groups are open to those with a degree in medicine or the social sciences who are engaged in professional work in those fields or are registered for advanced study at a recognized university. Well-recommended undergraduates are also eligible. Qualified people can become Associate Members of the ITAA by filling out the blank below. They may become Regular Members after taking a complete introductory Course or its equivalent, and may apply for Clinical or Special Membership after their training meets the standards of the Membership Committee.

All classes of membership include: (1) Subscription to the Bulletin (2) Entree to Seminars and Study Groups when traveling (3) Hospitality of the temporary ITAA headquarters at certain national conventions (4) Membership rate for registration at Summer Conferences (5) Listing in the Annual Georgraphical List of Members.

Those desiring Associate Membership (or Regular Membership if eligible) may fill in the coupon below and enclose the membership fee. Subscriptions to the Bulletin are available to institutions and libraries at $5.00 per year and to individual professional workers at $10.00 per year.

PLEASE ADVISE US OF A CHANGE OF ADDRESS. USE THE COUPON BELOW TO APPLY FOR MEMBERSHIP OR TO RENEW IT WHEN IT FALLS DUE. PLEASE ENCLOSE MEMBERSHIP FEE.

Send to: ITAA, 3155 College Ave., Berkeley, California 94705

Please enroll me in the International Transactional Analysis Association as a Regular Member ($25) Associate Member ($12)
For those residing outside North America fees are one-half the above.
Subscription only: Library ($5) Individual ($10) per year.

Name: _____

Address: _____

City and State: _____ Zip Code _____

Profession: _____ Degree _____

Affiliation: _____

(For Regular Members) Introductory Course taken at _____

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TRANSACTIONAL ANALYSIS BULLETIN

International Transactional Analysis Association

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CONTENTS

OCTOBER 1970 *Volume 9* *Number 36*

Script Rehearsal
John M. Dusay, M.D. 117

A Game Analysis of Albee's
"Who's Afraid of Virginia Woolf?":
The Core of Grief
Louis Paul, M.D. 122

Radical Psychiatry and Transactional Analysis in Women's Groups
Hogie Wycoff 128

Summer Conference Proceedings: Part I 134-145

Papers: Radical Psychiatry and TA; Outpatient Reparenting; Development of the Adult; The Spunky Child or Scripts Revisited; A Script Inventory; The Computer Personality; The Witch Mother's Message; Me, Me, and Me; The Future of Sex; Permission Classes

Panels: Racial Tension and TA; Fantasy Techniques and TA; Women's Liberation Movement

A Fairytale
Claude Steiner 146

Adapted Child Complexes
Jerome D. White, Ph.D. 150

News of Affiliates 154

Editorial Policy of the TAB 156

New Department: Letters to the Editor 157

The President's Page 158

ITAA 7th Annual Executive Congress 159

Eric Berne Memorial Issue 160